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Official Records

99th plenary meeting
Thursday, 9 June 2016, 10 a.m.
New York

President: Mr. Lykketoft ..... (Denmark)

In the absence of the President, Ms. Marlene Moses (Nauru), Vice-President, took the Chair.

The meeting was called to order at 10.05 a.m.

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

High-level meeting of the General Assembly on HIV/AIDS

The Acting President: Bearing in mind the tight schedule of Ministers, as well as of other representatives, I would like to strongly encourage delegations to limit their statements to the prescribed times of five minutes, when speaking in their national capacity, and to eight minutes, when speaking on behalf of a group. That will allow us to accommodate as many speakers as possible. Participants with longer statements are encouraged to read a shorter version of their texts and to submit their full-length statements to the Secretariat for posting on the PaperSmart portal.

I now give the floor to Her Excellency Ms. Lilianne Ploumen, Minister for Foreign Trade and Development Cooperation of the Netherlands.

Ms. Ploumen (Netherlands): I have the honour to speak on behalf of the European Union (EU) and its member States.

This high-level meeting on ending HIV/AIDS marks a critical juncture in our efforts against the HIV epidemic and a unique opportunity to renew the political commitments to end it within the next 15 years.

First of all, we would like to welcome the progress made to date in controlling the HIV epidemic and to commend all who have contributed to its success. However, HIV continues to be a serious disease that still impacts the lives of millions globally. Despite major achievements in the global progress to control it, efforts need to be reinforced if we are to end AIDS by 2030. We strongly welcome the outcome of the United Nations high-level meeting on HIV/AIDS yesterday (resolution 70/266, annex), which calls for an accelerated response and renewed commitments. We would like to thank the co-facilitators of this process, Ambassador Kasese-Bota of Zambia and Ambassador Lauber of Switzerland, for their able leadership in the negotiations on the document.

We welcome and support the main tenets espoused in the political outcome, as well as the calls for further tailored regional and national responses that can best address each country's specific situation. We fully endorse a human rights-based and gender-responsive approach so as to fast-track the end of AIDS, and we particularly endorse a transformative and inclusive approach to leaving no one behind, in line with the 2030 Agenda for Sustainable Development (resolution 70/1), especially with regard to those individuals most affected and most at risk of being marginalized owing to HIV/AIDS and who face multiple and intersecting forms of discrimination, such as discrimination on the basis of race, colour, sex, language, religion, political or

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other opinion, national or social origin, property, birth, disability or other status.

In our effort to control the epidemic, we need to continue to focus on those persons who are most at risk. That includes children, adolescents, young women, migrants and key populations, including men who have sex with men, people who inject drugs, sex workers and transgender people and prisoners. The EU would have appreciated even stronger language in that regard in the Declaration.

Human rights are for all, without distinction. We must recognize that AIDS can be eliminated only by addressing the human rights violations, which, sadly, are intrinsic to the epidemic. In order to make AIDS history we must also put an end to all forms of violence and discrimination, without distinction of any kind, and protect and fulfil the human rights and fundamental freedoms of all, as set out in the Universal Declaration of Human Rights. The EU and its member States remain committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development and the outcomes of their review conferences. In that context, the EU remains committed to sexual and reproductive health and rights.

With that in mind, we reaffirm our commitment to the promotion, protection and fulfilment of the right of every individual to have full control over, and decide freely and responsibly on, matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion or violence. We stress the need for universal access to quality and affordable comprehensive sexual and reproductive health information and education, including comprehensive sexuality education and health care services.

The epidemic continues to disproportionately affect sub-Saharan Africa, where two-thirds of all new HIV infections still occur. Women and adolescent girls are particularly at risk. Within our region, Eastern Europe is still one of the few areas where new HIV infections continue to increase. In that connection, we are seeing in Europe not only an increase in new HIV infections, but also the spread of co-infections, such as tuberculosis (TB) and hepatitis B and C, which is also worrisome. The record number of new HIV-infections in the World Health Organization's Europe region last year, the spread of multi-drug resistant TB and the increase in HIV/TB co-infections represent major health threats.

In that regard, the Sustainable Development Goals, which we adopted last year, mark a welcome shift from a focus on particular diseases to a more integrated and systemic approach to addressing the needs of all individuals. Strong health systems and universal health coverage will be essential for ending AIDS and many other diseases. It is clear that the ambitious global goals on health will be realized only if domestic funding is increased, particularly in the middle-income countries.

Recognizing the tasks ahead, we have achievements that we can point to in the EU and its member States, and we would be happy to share our experiences with other regions. We have practically eliminated mother-to-child transmission. Heterosexual transmission and intravenous drug-use transmission are also declining in the EU overall. The only upward trend in many EU countries has been among men who have sex with men, and EU member States are taking steps to address that challenge. Across the EU we have relatively high treatment coverage and linkage to care. We have relatively well-established and well-supported civil society organizations that are also directly involved in providing community-based services. Moreover, we have established cross-national research networks and infrastructures that address key research gaps, such as the development of an HIV vaccine, and we continue to provide evidence for the development of national public-health policies. We have comprehensive surveillance networks, whose functioning is embedded in legislation.

For a successful HIV response, we need to involve all the relevant actors who can make a difference. Civil society plays a crucial role. In that connection, the selection of non-governmental organizations (NGOs) for this meeting has neither been transparent nor inclusive, and the European Union and its member States, as expressed in earlier statements, are very concerned by that development. We remain strongly committed to ensuring an improved, more open and transparent process for selecting NGOs to participate in specific United Nations meetings and processes, and deeply regret that that was not possible on this occasion.

Despite the progress made over the past decades, we need to advance our efforts aimed at ending AIDS. It is also clear that we will succeed only if we work together. HIV affects all countries, which may have

very different capacities to respond to the challenge. HIV also often affects parts of the population that are marginalized or otherwise vulnerable. HIV crosses borders, and therefore requires a strong international response. We need collective action and solidarity with the people most severely affected by HIV and AIDS, those living in countries that cannot afford relevant services for everyone affected. The EU will continue to support efforts aimed at addressing HIV at home, in its neighbourhood and the world, using the financial, technical and political instruments available to it.

It is a challenge to speak not only on behalf of one's own country, but also on behalf of 27 other member countries. However, I will now speak on behalf of the Kingdom of the Netherlands.

There was a time, decades ago, when we could say that humankind had no control over AIDS. Last year alone, 1.1 million people died of AIDS-related illnesses, and 2.1 million more became infected with HIV. Currently, an estimated 19.7 million people living with HIV are not receiving therapy. That is not something over which we have no control. It is a manifestation of inequality in all its forms — social, cultural, economic and gender based.

Different forms of inequality often go hand in hand. Victims of rape, for instance, run an extra risk of becoming infected with HIV. More often than not, they are poor, and so are their rapists. Once victims are infected, they are very likely to become ill and die. That is because, although there are medical therapies to prevent that outcome, many people do not have access to them, either because they have no decent health care or because medication is either not available or too expensive. Even when access is not a problem, social stigma often is. Fear of exclusion and shame mean that even rape victims keep silent about the infection and die. That example combines all forms of inequality, and inequality of that kind affects more than just the world's poorest regions. Fifty-eight per cent of people living with HIV currently live in middle-income countries. That figure says a lot and amply illustrates an alarming phenomenon.

Although inequality between countries is fading, inequality within countries is growing. On the one hand, incomes in the countries concerned are rising, a middle class is emerging and health care is improving. On the other hand, large groups of people are not benefiting from that process. People with HIV provide a particularly distressing example. All too often, social stigma prevents them from seeking help. There are even cases in which social stigma prevents help from being offered. It is time that we as Governments, together with our civil society partners, tackle the discrimination that prevents those infected with HIV from seeking and finding assistance and treatment. We know what we have to do.

To find solutions, we need only look at each other. Active policies with regard to the sex industry over the past 15 years have reduced the number of HIV infections by three quarters in countries like India and Thailand. Harm-reduction programmes that provide information and promote needle exchange programmes for drug users have had spectacular results in Asia, and similar effects are now being seen in Kenya. Decriminalizing prostitution in New Zealand and drug use in Portugal has also yielded success. In Portugal, the number of infections decreased by a factor of 14 in as many years. And from El Salvador to the Indian state of Tamil Nadu, Governments are pursuing bold policies that save the lives of transgender people every day. We are also making progress in my own country. For example, people with HIV are now able to take out life insurance policies, while the 2018 International AIDS Conference will be held in Amsterdam, with an explicit focus on reaching the most marginalized in society.

Even though we have made progress, the current situation still gives reason for grave concern. As I said, AIDS today is a manifestation of inequality, and that inequality is a result of political choices. In 1990 many obstacles besides inequality prevented us from combating AIDS. There was no effective treatment, and there was a serious lack of insight and knowledge about the disease. But now that those barriers have been overcome, the scale of the key remaining problem — inequality — is becoming ever clearer. Girls who have been raped or are unaware of HIV; people who are afraid or unable to access condoms, care or treatment; drug users or sex workers who take risks — what they have in common is that they are between a rock and a hard place when it comes to social power relations.

The task of giving those people a voice and eradicating AIDS rests largely on the shoulders of Governments. That political responsibility should be the decisive factor in all the choices that we make. I call on Governments to place women above cultural belief, recognize their rights, deal with their disadvantaged

positions, recognize the rights of lesbian, gay, bisexual and transgender people, allow sex education, give the poorest of the poor access to care and therapy, and do not give in to religious objections to condoms. The God we share celebrates life, and AIDS is death. "Leave no one behind" — that is what we all promised to do when we pledged our support for the global goals last year. Let us practice what we preach.

The Acting President: I now give the floor to Her Excellency Ms. Elvia Violeta Menjivar, Minister of Health of the Republic of El Salvador.

Ms. Menjivar (El Salvador) (*spoke in Spanish*): My remarks are on behalf of my Government and of all sectors working on the HIV response in my country, El Salvador.

I am pleased to inform the General Assemably that El Salvador has been one of the countries that has exercised the political will to uphold its commitments to the Organization adopted in previous political declarations on containing the HIV epidemic. Over the past five years, we have made progress as a country in terms of our national response. We nave set ourselves a shared goal and, faced with an unfavourable financial situation, we are doing our best to prioritize investments in health.

The tangible results achieved by my country include a steady decline in the number of newly diagnosed cases per year, with strategies for expanding access to HIV testing; a decline in hospital mortality; and a 94 per cent decrease in mother-to-child transmission. Over the past year, we have mourned the infection of only three children. Antiretroviral therapy is provided free of charge throughout the country, and there is no waiting list for patients to begin their treatment. We have trained health personnel in the provision of care for persons with HIV, in line with the World Health Organization guidelines. We have in place an information system that enables us to better understand the epidemic and to take decisions in order to optimize our response.

We are pioneers in coordinating technical and political work. We have have set up a national commission to combat AIDS, as well as a country-wide coordinating mechanism with broad multisectoral participation, including that of persons with HIV. About 80 per cent of the investment in HIV care comes from public funds. We are thereby ensuring the sustainability of the response, as requested by the Secretary-General. As one of the countries selected to promote the 2030 Sustainable Development Agenda (resolution 70/1), we in El Salvador are more than committed to accelerating our efforts and restructuring our approach to HIV/AIDS, while seeking to empower women and working to eliminate gender inequality and any violation of the human rights of people with HIV and the rights of more vulnerable people, such as transgender women, women sex workers and men who have sex with men.

We in El Salvador have been promoting a comprehensive reform of the health system for the past six years. Two of the cross-cutting themes of the reform are social participation and human rights, with the aim of ensuring comprehensive quality care without stigma or discrimination against anyone, whether on the basis of their health status, their gender identity or their sexual orientation. For that reason, we strongly condemn hatred directed towards those groups. We are working on a new national law on HIV that would make it possible to approach the topic from the perspectives of childhood, adolescence, the workplace and the educational milieu, and that of persons deprived of their liberty and their health, among others. That will enable us to strengthen our multisectoral and participatory response.

I call upon those present to refrain from withdrawing their support for our region of the Americas, because, despite the great strides we have made, we still face challenges and financial constraints in carrying out 100 per cent of the commitments undertaken in the General Assembly, and we require technical assistance to improve our strategies so as to reach the populations at highest risk and with a high HIV viral load.

Finally, overcoming inequalities, inequities, stigma and discrimination is a moral obligation. As a country we are committed to the objectives of the 90-90-90 strategy so that our compatriots have access to comprehensive treatment and so that adolescents and adults living with HIV become aware of their status and possess the necessary information to enjoy a good quality of life. We in El Salvador are working intensively to eliminate mother-to-child transmission and, above all, to make every effort to deliver a sustained, inclusive and participatory response.

The Acting President: I now give the floor to His Excellency Mr. Ioannis Kasoulides, Minister for Foreign Affairs of the Republic of Cyprus.

Mr. Kasoulides (Cyprus): This high-level meeting comes at a very opportune moment in our global

response to the need to effectively and definitively tackle the AIDS epidemic, which for decades has claimed, and is still claiming, so many lives. Over the past 35 years, the HIV/AIDS pandemic has left no corner of the world untouched, affecting progress and development in many countries, in particular sub-Saharan Africa, and challenging all development goals. At the same time, we must acknowledge that the international community has made strides in curbing the disease. But the battle is not yet won, and we have not yet done enough.

The Political Declaration we have just committed to, entitled "On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030" (resolution 70/266, annex), is a landmark document with very ambitious, time-bound targets and recommendations without which we will not be able to successfully end the AIDS epidemic, as called for in the 2030 Agenda for Sustainable Development (resolution 70/1). We would like to express our gratitude to the two co-facilitators of the negotiation process, Ambassador Mwaba Kasese-Bota of Zambia and Ambassador Jürg Lauber of Switzerland, for this successful outcome.

Cyprus aligns itself with the statement delivered earlier on behalf of the European Union. I would like, however, to make some additional comments from a national perspective.

By global standards, the HIV/AIDS epidemic in Cyprus is still limited, despite a small increase since 2005 in diagnosed new HIV cases. That serves to remind us that the fight against the epidemic is not yet over. We need to redouble our efforts, in particular among the vulnerable groups of our society, if we want to preserve the low prevalence levels of HIV infection and to finally end the epidemic. The majority of infected people are currently receiving antiretroviral therapy. Treatment, including combination antiretroviral therapies, care, voluntary counselling and testing, are provided free by the Government in Cyprus.

Our time-bound plans of action against the epidemic are systematically updated and adjusted based on new knowledge and experience and technological advances. The protection of human rights constitutes the cornerstone of our AIDS response policy. In our campaign against HIV/AIDS, we follow a multisectoral, rights-based, all-inclusive approach is followed that aims at preventing HIV infections and at providing care and support for people living with HIV/AIDS. All competent Governmental authorities, the private sector, civil society and non-governmental organizations actively promote the inclusion of all segments of society, especially the vulnerable, in promoting public awareness of HIV and in alleviating stigma and discrimination.

As the Secretary-General states in his report (A/70/811), despite the remarkable progress made globally, if we accept the status quo the epidemic will rebound and treatment costs will increase sharply. The indivisibility and integrated nature of the Sustainable Development Goals mean that, unless we tackle the AIDS epidemic and other infectious diseases and meet the health challenges of our time, we will not be able to meet the 2030 deadline for all of the other Sustainable Development Goals and targets. On the other hand, a fast-track, multisectoral response to AIDS will lead to concurrent progress on all Sustainable Development Goals, including, among others, those on poverty reduction, food and nutrition security, gender equality, reducing inequalities and promoting human rights, justice and the rule of law.

Political leadership is indispensable on the road ahead, and is a major asset in our response to AIDS. But practical and financial support is equally essential, in particular to the most vulnerable. Cyprus joins the international community in renewing the effort to work with diligence and determination — globally, regionally and nationally — at the highest political level in order to achieve our commitments to ultimately realizing our common objective of ending the AIDS epidemic by 2030. The Political Declaration adopted yesterday by the Assembly sends a strong message across the globe that the international community is determined and united to do everything possible to attain a world free of HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Terrance Deyalsingh, Minister of Health of the Republic of Trinidad and Tobago.

Mr. Deyalsingh (Trinidad and Tobago): I have the honour to convey greetings on behalf of the Government and the people of the Republic of Trinidad and Tobago, led by The Honourable Prime Minister Keith Rowley.

I also wish to align myself with the statement delivered yesterday (see A/70/PV.97) by The Honourable Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community.

As we set our course to end the epidemic of HIV/AIDS in Trinidad and Tobago, consistent with the 2030 Agenda for Sustainable Development (resolution 70/1), a renewed focus has been brought to bear on the execution of our national strategic plan. In terms of the institutional and organizational responsibility for the roll-out of that strategy, the Government recently took the decision, at the behest of the Prime Minister, to locate the national AIDS coordinating committee within the Office of the Prime Minister. That strategic decision is emblematic of the level of importance that the Prime Minister and the Government attach to dealing effectively with HIV/AIDS. The national AIDS strategy prioritizes five critical areas, namely, prevention, treatment, care and support, advocacy, and human rights. Our networks of hospitals and dedicated specialized HIV clinics work continually to improve the quality and ease of access to HIV-related services and, in that regard, offer antiretrovirals free of charge.

For the record, the Government's policy provides for universal access to health care, in keeping with which health facilities provide free treatment, care and support to all citizens living with HIV, including antiretroviral treatment for high-risk encounters, such as post-exposure scenarios resulting from gender-based or sexual violence. Additionally, with the support of various partners, including civil society, the efforts of the Government have been substantially strengthened and have had an all-round positive impact.

Over the period from 2005 to 2014, there was an 80 per cent decline in AIDS cases, as well as a decline by approximately 70 per cent in AIDS-related deaths. The increase in the number of testing sites also resulted in a number of achievements, including a stable mother-to-child transmission rate of 2 per cent or lower. Over 70 per cent of persons living with HIV in Trinidad and Tobago are receiving antiretroviral treatment, and between 2005 and 2009 deaths from tuberculosis among persons living with HIV were reduced by 50 per cent, with no new deaths recorded subsequently. Trinidad and Tobago is also enhancing its efforts to eliminate HIV-related stigma and discrimination. We have continued public education aimed at promoting awareness and disseminating accurate information on HIV and AIDS, with a focus on prevention.

Despite such successes, however, Trinidad and Tobago now faces real challenges as a consequence of changed economic circumstances arising from the collapse of global energy prices. In specific relation to the 90-90-90 targets, averting the global treatment crisis is a challenge for our country. Our capacity to test persons at high risk or in stigmatized groups remains significantly limited, thereby undermining our ability to achieve the first — and perhaps the most critical — target of ensuring that 90 per cent of HIV-positive persons know their status.

As a practical matter, the new test-and-treat model, regardless of CD4 cell count, aimed at achieving the 90-90-90 targets requires sustained funding streams. Notwithstanding our fiscal constraints, our policies are geared towards ensuring that the gains achieved are not reversed as we seek to honour our obligations under the 2030 Agenda for Sustainable Development. We also count on continued support from our partners to assist us to that end.

In conclusion, I reiterate the commitment of the Government of Trinidad and Tobago to work with other Members of the United Nations and intergovernmental organizations, as well as with our civil society partners, to effectively address the HIV/AIDS epidemic at the national and regional levels, as we work in concert and with resolve to deliver on our common objectives of eradicating HIV/AIDS and achieving the broader 2030 Agenda.

The Acting President: I now give the floor to His Excellency Mr. Vu Duc Dam, Deputy Prime Minister of the Socialist Republic of Viet Nam.

Mr. Vu Duc Dam (Viet Nam): I trust that, under the guidance of the President, this meeting will be successful in advancing our commitment to ending AIDS.

At its onset, the AIDS epidemic evoked panic and deepened social divisions in many countries. People living with HIV were often associated with evil and were subject to taboos and moral judgments. In 1994, I attended the first World Summit on AIDS, held in Paris. Its spirit of determination still inspires me deeply, but I also will never forget the fear and confusion in the eyes of many representatives. Many people were dying. There was no effective treatment. There was very little hope.

Today the situation is much more optimistic. HIV prevention has been strengthened. Increasing numbers of people can access life-saving treatment. And stigma and discrimination have been reduced. However, we cannot forget that there were about 2 million people

newly infected last year, many of them women. More than 20 million people still do not have access to antiretroviral treatment. During the time that I have been talking here today, approximately 20 people have become infected.

HIV prevention and control is one of the highest priorities of the Government of Viet Nam. The epidemic has been largely controlled, and HIV infection is no longer considered a sin. Infected people are recognized as patients who need care, support and treatment. We could only have made such progress with the support of international organizations and the donor community. Despite the fact that the epidemic is stabilized, we are increasing our resources for HIV prevention and control. Viet Nam was also the first country in the Asia-Pacific region to commit to the 90-90-90 targets. Like many other developing countries, we still require continuing international partnerships.

We all know that worldwide there are many new concerns, ranging from climate change to migration issues and conflicts, but HIV/AIDS is still with us. Without stronger partnerships many countries will be left behind on the fast track to ending AIDS, and there is a real possibility that the epidemic could rebound and re-emerge as a global threat. We cannot become complacent. In order to end the epidemic we must increase our efforts, and we should do that together. That is not just the view of my Government, but also the view of the most vulnerable.

I would like to introduce participants to Ms. Thanh. I invited her, a woman living with HIV, as part of our official delegation. Ms. Thanh lives in a small town in the remote mountains of Viet Nam. She and her husband are both on antiretroviral treatment. They are able to work again. She became a peer educator and is very much appreciated by her community. Like a miracle, they have a very cute and healthy baby girl, born without HIV. That miracle was made possible only because of an internationally financed project in partnership with the Government and the local community. Without that partnership she would probably not be with us today. But it is not only her; many other people, including women and children, would be infected, could not go to school or work or have families — and maybe even would not be alive. Should we reduce our support?No, we cannot. We do not have the right to do that.

I now yield to Ms. Thanh to say a few words.

Ms. Thanh (Viet Nam) (*spoke in Vietnamese; interpretation provided by the delegation*): I just want to say thank you so much to everybody for giving me back my life, my hope and my future. Please do not forget us.

I now yield back to Mr. Vu Duc Dam.

Mr. Vu Duc Dam (Viet Nam): All who are present here have just heard Thanh say thank you so much for giving her back her life, her hope and her future. She also urged us to not forget her and people like her. Let us respond to her by recommitting ourselves with all of our heart and soul to ending AIDS. Let us join hands to achieve the 90-90-90 targets, with 100 per cent commitment and more.

The Acting President: I now give the floor to His Excellency Mr. George Norton, Minister of Public Health of the Republic of Guyana.

Mr. Norton (Guyana): The delegation of Guyana is pleased to participate in this high-level meeting of the General Assembly on HIV/AIDS.

We align ourselves with the statement delivered on behalf of the Caribbean Community by The Honorable Mr. Timothy Harris, Prime Minister of Saint Kitts and Nevis (see A/70/PV.97).

Guyana welcomes the adoption of the Political Declaration on HIV and AIDS (resolution 70/266, annex) and looks forward to its effective implementation and to ending the AIDS epidemic by 2030, even as we continue to align our collective efforts towards implementing the 2030 Agenda for Sustainable Development (resolution 70/1).

As the Secretary-General's report (A/70/811) notes, ending the AIDS epidemic as a public-health threat by 2030 is within our reach. That will depend on the strong solidarity and shared commitment of all stakeholders in the fight against HIV/AIDS, as well as the mobilization of the requisite resources to sustain our common efforts at all levels. It will also require a radical change in the trajectory of the epidemic over the next five years and a recognition of the multidimensional nature of the challenge.

I affirm Guyana's full commitment to meeting that challenge while building on the lessons of our shared experience and in the context of our country's Health Vision 2020, which provides a holistic framework for the national health response. Within that

framework, Guyana's HIV/AIDS response is guided by a comprehensive strategy known as "HIVision 2020", which is financed from the national budget and integrates relevant Joint United Nations Programme on HIV/AIDS (UNAIDS) targets and draws on best practices and the support of key partners, including the Pan-Caribbean Partnership against HIV/AIDS, UNAIDS, the Caribbean Public Health Agency, the United States President's Emergency Plan for AIDS Relief and civil society.

The result has been success in reducing the number of deaths due to HIV/AIDS from the peak in 2005 and in preventing mother-to-child transmission of HIV. Guyana has also witnessed a steady reduction in HIV prevalence among the general population, from 3.4 per cent in 2004 to 1.5 per cent in 2013. By the end of 2014 a total of 751 cases of people living with HIV had been diagnosed for that year, as compared with 758 cases reported in 2013. That represents a significant reduction when compared with the 1,176 HIV cases reported in 2009.

Those gains can be attributed to a combination of factors, chief among them are actions taken at the policy and programme levels to realize a comprehensive approach to ending the epidemic locally. An increase in access to antiretroviral treatment — provided free in Guyana — has also been instrumental in our success. However, financing a sustained response to the epidemic has become challenging for many countries owing to inadequate national resources to support demand and the reduction or withdrawal of donor funding. In order to continue reducing the number of new infections and supporting people living with HIV/AIDS, closer collaboration with national, regional and international partners will be required. And we must enhance our outreach to key affected populations.

HIVision 2020 is underpinned by the principles of human rights, gender equality, inclusiveness, accountability, value for money and sustainability, and is supported by a multi-stakeholder partnership. Its goal is to reduce the social and economic impact of HIV/AIDS on individuals and communities, and ultimately on the development of the country. It focuses on five priority areas, namely, coordination, prevention, treatment, care and support, integration, and strategic information. The programmatic response of the Government of Guyana has thus far been grounded in those overarching principles throughout the national HIV response.

The national response places a strong emphasis on prevention, treatment, care and support. In 2014 more than 5,000 health care workers were trained in a wide cross-section of areas to assist in that fight and in reaching the masses with regard to sexual and reproductive health, HIV sensitization, voluntary counselling and testing, and prevention of mother-to-child transmission — to name a few.

With its focus on youth, the youth-friendly health services initiative has continued to provide sexual and reproductive health care services to adolescents. Worthy of mention is the fact that in 2014 there was a decrease in sexually transmitted infections, with 5,127 cases reported, which is a decrease from the 6,777 cases reported in 2013 — 42 per cent of the cases reported were within the group 15 to 24 years of age.

Information, education and communication, along with behavioural change, are critical to the national strategy as it relates to HIV/AIDS prevention.

Despite our successes, however, challenges remain that must be addressed in order to fast-track action to end the AIDS epidemic. With the second-highest HIV-AIDS prevalence in the world, after sub-Saharan Africa, the Caribbean region continues to work tirelessly to reduce and eventually eliminate HIV/AIDS.

In the area of funding, Guyana remains concerned that countries of the region are being excluded from funding on the basis of per-capita income. The focus for financial assistance in combating this disease should take fully into account the specific circumstances and vulnerabilities that developing countries face.

Finally, allow me to affirm the Government of Guyana's commitment to implementing the Political Declaration. Guyana will spare no effort to ensure that our national strategy is on the fast track to accelerating the fight HIV and to ending AIDS by 2030. We will work together with our local, regional and international partners to realize that goal.

The Acting President: I now give the floor to His Excellency Mr. Aurélien Agbenonci, Minister for Foreign Affairs and Cooperation of the Republic of Benin.

Mr. Agbenonci (Benin) (*spoke in French*): First, I would like to thank the United Nations for convening this high-level meeting of the General Assembly on HIV/AIDS. To all who are gathered here, I bring a fraternal and friendly greeting from the people of Benin

and its President, His Excellency Mr. Patrice Talon. My delegation is participating in this important meeting based on its strong sense of responsibility.

Benin aligns with the statement made by the representative of Zambia on behalf of the Group of African States (see A/70/PV.98), and would like to add some comments in its national capacity.

My delegation wishes to express its warmest congratulations to Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for his excellent work as the head of that body and for providing hope to people affected by the pandemic in anticipation of a generation free of AIDS. I also express my gratitude to the Permanent Representatives of Zambia and Switzerland for their fruitful effort as co-facilitators of this high-level meeting.

This meeting is being held against the backdrop of the historic adoption by Heads of State and Government here in the Hall last September of the 2030 Agenda for Sustainable Development (resolution 70/1), a comprehensive plan that reflects the aspirations of humankind to live and grow in peace, security and dignity and in good health on our planet. In that regard, we gathered here are taking part in a unique opportunity to take stock of the measures taken and to set new ambitious targets for the medium-term and, above all, to adopt a new Political Declaration (resolution 70/266, annex) that establishes the necessary link between the Sustainable Development Goals and the response to HIV/AIDS.

Benin, which has been waging a long-term fight against HIV and AIDS as a political priority, reiterates its commitment to the national and international responses against the epidemic. Nationally, Benin has integrated the fight against HIV/AIDS into its development policies, strategies and programmes, given the devastating effects of the pandemic on our efforts to promote sustainable development. Following the adoption of the 2011 Political Declaration on HIV and AIDS, Benin, in conjunction with the Executive Director of UNAIDS, launched a national strategic plan to combat HIV/AIDS for the period 2012-2016, including a plan to eliminate mother-to-child transmission.

Our national strategic plan is four-pronged and including reducing sexually transmitted diseases; providing health care for orphans, vulnerable children and people living with HIV; eliminating new HIV infections in children and substantially reducing the number of AIDS-related maternal deaths; and providing care and treatment, including support for people living with HIV, by way of antiretroviral drugs. The national plan to eliminate mother-to-child transmission takes into encompasses four elements defined by the United Nations: primary prevention; the prevention of unintended pregnancies among women living with HIV; the prevention of mother-to-child transmission; and treatment, care and support for women living with HIV, their children and their families.

Thanks to the implementation of those two strategic plans, Benin has made significant changes based on a genuine will aimed at delivering universal access to services. We have achieved significant progress, in particular in stabilizing the rate of HIV prevalence at 1.2 per cent. Moreover, the plans have led to reduced mother-to-child transmission and increased access to antiretrovirals. Despite that progress however, national indicators point to an increased prevalence of HIV/AIDS in urban areas over rural ones — 1.6 per cent as compared to 0.9 per cent.

The feminization of the AIDS pandemic is another worrying trend that Benin has endeavoured gradually to correct through sex education campaigns on preventing HIV/AIDS, as well as reproductive health training. However, it must be recognized that the socioeconomic and cultural constraints determining gender inequality continue to keep women vulnerable to the risk of HIV infection. In that context, my Government is committed to fighting those obstacles with determination.

In order to reactify the shortcomings identified in the implementation of our 2012-2016 national plan, a new framework was adopted on 1 December 2014 to cover the period 2015-2017. The new framework is firmly based on a zero-tolerance perspective in the form of zero new infections, zero discrimination and zero deaths related to HIV/AIDS. The framework aims at achieving a 30 per cent reduction in new infections and a 75 per cent reduction in mother-to-child transmission. It also aims to achieve a 60 per cent coverage rate in antiretrovirals for infected people and AIDS orphans.

At the international level, Benin has assumed its full role in the efforts to mobilize the international community around the issues related to the fight against HIV/AIDS. Our political commitment was reflected in particular in Benin's participation at the International AIDS Conference held in Melbourne in July 2014.

Moreover, my country welcomes, and actively contributed to, the joing work of UNAIDS and the Lancet Commission, which serves as a catalyst and source of expertise and political momentum aimed at stimulating debate on the future of health in the context of the adoption of the 2030 Agenda for Sustainable Development (resolution 70/1).

At the regional level, Benin was at the forefront of the adoption of the Roadmap on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria Response in Africa, which seeks to accelerate progress in that connection. The Roadmap was adopted at the nineteenth African Union Summit, held in Addis Ababa, during Benin's presidency of the African Union.

Despite the encouraging progress however, we must beware of complacency, as the gains remain fragile. The number of new infections is still rising in many developing countries, stigma, discrimination, prejudice and repressive laws prevail and millions of eligible people still do not receive appropriate treatment.

Nevertheless, the fight against HIV/AIDS requires sustained financial effort despite the current environment of reduced international funding. For example, the implementation of Benin's new national plan to combat HIV/AIDS for the period 2015-2017 requires CF52 billion to achieve its stated objectives. The situation is somewhat paradoxical in that it requires the implementation of appropriate strategies for mobilizing innovative financing to meet the challenge. Governments should also make greater efforts to compensate for the decline in external financing.

I would like to take this opportunity to thank all our technical and financial partners from civil society organizations, national and international organizations, as well as the individuals who, with moral and material support, are assisting Benin in fighting the pandemic. On behalf of the Government and the people of Benin, I would like to convey my country's deep appreciation. In our view, fighting HIV/AIDS should be a multisectoral and integrated undertaking. The 2030 Agenda for Sustainable Development gives us the necessary political framework to succeed. We must now strengthen the synergies required and consolidate mutual responsibilities and international solidarity in order to tackle that collective challenge. Benin is fully committed to doing that.

The Acting President: I now give the floor to Her Excellency Ms. Nila Farid Moeloek, Minister for Health of the Republic of Indonesia.

Ms. Moeloek (Indonesia): Five years after the previous high-level meeting on AIDS, the world has come far in its endeavours to fight HIV/AIDS. Key policies for the AIDS response have been put in place. The Association of Southeast Asian Nations Summit adopted a declaration on HIV/AIDS, guided by the theme and objective of getting to zero infections, zero discrimination and zero deaths. This year's high-level meeting of the General Assembly on HIV/AIDS is especially important, since it marks the first year of the implementation of the Sustainable Development Goals (SDGs).

In 2013, Indonesia launched the strategic use of antiretroviral treatment, providing access for key population groups to it regardless of their CD4 cell count. Initially established in 13 districts, it has now expanded to 135. It will subsequently be expanded to another 230 priority districts. Treatment doubled to cover 63,000 persons in 2015. More than 1 million people were tested yearly in 2014 and 2015, as compared to just 300,000 in 2012.

Indonesia's harm-reduction programme was one of the first in the ASEAN region. HIV prevalence among the groups concerned declined steadily from 42 per cent in 2011 to 29 per cent in 2015. The programme will continue to shift and expand as it integrates the sexual-transmission programme into the package for the groups concerned. Gender and human rights perspectives on the AIDS response also focus on efforts such as empowering sex workers to refuse sex without condoms and establishing programmes to direct drug-related offenders towards treatment and avoid reliance on criminal sentencing.

The AIDS response involves facing complex challenges and requires actions at the national, regional and global levels. Coverage of HIV-prevention and treatment, strengthening the quality of service delivery, ensuring the availability of drugs through the integrated programme and trade-related aspects of intellectual property rights, minimizing out-of-pocket expenditures for treatment, ensuring that proper and effective regulations are in place and implemented, as well as addressing stigma and discrimination, are among the many and wide-ranging challenges that still remain to be overcome.

I would like to assure the Assembly that Indonesia remains committed and will continue to increase its efforts in the response to AIDS. Please allow me to underline our continuing commitment to the following five areas.

First, strengthening the health system is crucial, especially at the primary health care level. Indonesia has more than 9,000 public-health centres. A strong health care system is the platform for integrating the various programmes, which also include mobile HIV-testing clinics and decentralized antiretroviral treatment services.

Secondly, Indonesia recognizes that the first "90" is key to achieving the other two "90s" of the 90-90-90 treatment target. That calls for the mobilization of resources to support communities and certain key population groups in order to expand outreach for the hard-to-reach key populations, including men who have sex with men, and transgender persons, sex workers, injecting-drug users, adolescents and young people in the key affected populations. Comprehensive engagement with those communities will establish the demand for testing and treatment.

Thirdly, we must consider prevention. We need to further strengthen our efforts to reach all high-risk populations among whom HIV prevalence reates continue to rise. Consistent condom use is also being promoted as the key intervention among targeted populations. Furthermore, we aim to eliminate mother-to-child transmission by 2020.

Fourthly, we must have innovation. Innovative programmes need to be identified and shared. The use of information and communications technology and community-based screening must be leveraged to help communities and facilities to work collaboratively. Innovation can be achieved through sustainable partnerships, and it is important that we ensure that the various stakeholders work together to achieve our common objective.

Finally, Indonesia understands the importance of inclusive resource allocation for the AIDS response. As the external resources decline over time, the opportunities for national investment will increase via national health insurance schemes and increased resources from local Governments. Indonesia now funds almost 60 per cent of the total resources needed for the HIV effort, and we are committed to increasing that proportion over time.

Please allow me to conclude by reminding everyone of the great task we have at hand. We must learn from our past failures and missed opportunities, but also reflect on the modalities that we now have. The 2030 Agenda for Sustainable Development (resolution 70/1) provides us with the framework for thinking of ways to harness our actions in this area. Now it is up to us to enhance, replicate and amplify the message and the actions so as to fast-track our progress in reaching our goal of getting to the "zeroes". I encourage all of us to embody the spirit of leaving no one behind as we aspire to meet the SDGs.

The Acting President: I now give the floor to His Excellency Mr. Myint Htwe, Union Minister for Health and Sports of the Republic of the Union of Myanmar.

Mr. Htwe (Myanmar): I am honoured to address representatives attending this high-level meeting of the General Assembly on HIV/AIDS. This is a very special event in that the recently adopted Political Declaration (resolution 70/266, annex) is aligned with the Sustainable Development Goals and emphasizes evidence-based strategies to effectively fast-track our efforts to end the AIDS epidemic as a public-health threat. The Political Declaration will provide quality inputs and points for consideration and guidance for the national responses to AIDS over the next 15 years. It also emphasizes the importance of moving from a focus on one disease to a more integrated and systematic approach to addressing people's health needs in a more holistic manner.

Myanmar recognizes that human rights are integral to an effective response to HIV aimed at ending AIDS by 2030. Myamnar fully supports the idea of removing punitive laws, policies and practices that block access to HIV services for key affected populations. Myamnar also agrees that the greater involvement by people living with HIV/AIDS and population groups at higher risk of HIV infection can greatly facilitate the achievement of a more effective AIDS response. People living with HIV, as well as their families, should enjoy equal participation in social, economic and cultural activities without prejudice or discrimination.

The Joint United Nations Programme on HIV/AIDS has identified Myanmar as one of the fast-track countries with a severe epidemic, and Yangon as a key city in that respect within the Asia-Pacific region. As Chair of the Association of Southeast Asian Nations Task Force on AIDS, Myanmar is working very closely with

other countries in the region to effectively fast-track achievement of the targets. Myanmar also attaches great importance to combating the HIV problem, as clearly reflected in our third national HIV/AIDS strategic plan, for the period 2016-2020, which was developed in the context of the new global strategies aimed at ending HIV as a public-health threat by 2030. Myanmar is fully committed to the Political Declaration and will leave no stone unturned in pursuing the approaches and intentions that are inherent in the Declaration.

We will include civil society and national non-governmental and community-based organizations as partners in our HIV response. They will be part and parcel of our health care delivery system. In addition, careful and continuous monitoring of the HIV/AIDS situation will be carried out through our national programme in terms of the technical, management, administrative, logistical and social aspects of our HIV response. We will take into consideration various perspectives, including those of HIV/AIDS patients, with special attention given to the social and anthropological aspects of their situation. The natural history of HIV/AIDS and the role of that history in our fight against the disease will be part of the conversation so that we can ensure the effectiveness of our plan of action for ending HIV/AIDS.

Myamnar will also ensure that there is continuous dialogue with funding agencies, development partners and like-minded organizations present both within and outside the country. Our health experts will also be regularly updated on the changing HIV/AIDS epidemiological situation in Myanmar. The Government will facilitate regular platforms and forums in the various states and regions of the country. After all, collective efforts, collective thinking and collective approaches are the sine qua non for success.

We should not underestimate the effective role that can be played by people living with HIV and community-based organizations, especially in hard-to-reach areas, as we work to contain the HIV epidemic and reduce the occurrence of new cases. Their role will be highlighted and appreciated by the Government, and proper and due attention will be given to them.

We have made remarkable progress in our HIV/AIDS response in recent years. We are also sensitive to our goals. At a time when the implementation of our wide spectrum of activities for controlling and containing the HIV epidemic is peaking, it would be imprudent for development partners and donor agencies to reduce the amount of funding and other types of support they give, if our national HIV/AIDS control programme is to succeed. That is also the case for most developing countries.

Our Governments also need to review the detailed epidemiological situations in our respective countries so that our programme interventions are carefully designed to suit our countries' specific needs. In addition, we will ensure the appropriate and rational allocation and use of funds, which will be continuously monitored so that full value can be derived from every dollar spent.

In conclusion, the Government of Myanmar has demonstrated strong political commitment by identifying HIV as one of the priority diseases under our national health plan for 2011-2016. We will also be emphasizing the key points of the Political Declaration in our new national health Plan for the period 2016-2021, which is currently being formulated. Moreover, we will do our utmost to ensure that there is an enabling environment in place for people living with HIV and for other key population groups to access life-saving prevention and treatment services.

Through the Political Declaration we have a clear road map for Member States to control and contain the HIV epidemic, which is currently considered to be a global emergency. Curbing HIV is also critical to achieving the 2030 Agenda for Sustainable Development (resolution 70/1) . We will ensure that no one is left behind in the AIDS response.

The Acting President: I now give the floor to Mr. Luis Gomes Sambo, Minister of Health of the Republic of Angola.

Mr. Sambo (Angola): I am very honoured to address the General Assembly on behalf of the Republic of Angola. Our delegation applauds the Secretary-General and the initiative of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to fast-track the response to the epidemic over the next five years.

Angola aligns itself with the statements made by the representatives of Zambia and Botswana on behalf of the Group of African States and the Southern African Development Community, respectively (see A/70/PV.98).

Despite the unprecedented achievements in halting and reversing the spread of HIV/AIDS over the past 15 years, sub-Saharan Africa bears the highest share — about 70 per cent — of the HIV/AIDS burden in the world. That situation remains a major public-health and development challenge requiring redoubled efforts. Therefore, the United Nations Political Declaration entitled "On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030" (resolution 70/266, annex), is timely. However, we would like to underscore that the current HIV/AIDS situation in the world, as outlined in the Declaration, reveals both the diversity of the world and the complexity of the problem. Our joint endeavours call for a holistic approach and for creative solutions that take into account both global and local perspectives and integrate relevant cross-sectoral policies and interventions.

The estimated prevalence rate of HIV infection in Angola in 2015 stood at 2.4 per cent, and the estimated number of people living with HIV/AIDS in 2016 is about a half million. Our national AIDS control programme is a priority in Angola. We drew up our national strategic plan on HIV/AIDS taking into account the epidemiological context and the international commitments adopted at the United Nations and the African Union.

The national HIV/AIDS response is multisectoral and involves the Ministries of Health, Education, Family and Women's Affairs, and Youth and Sports, while also including representatives of civil society. Our international partners — UNAIDS, the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief, among others — have been instrumental in mobilizing resources and in sustaining the gains made so far.

Under the political leadership of President José Eduardo dos Santos, the Government and the people of Angola are committed to fast-tracking the national response to HIV/AIDS, and they align themselves with the key strategies outlined in the Political Declaration on HIV and AIDS. The Republic of Angola is committed to revisiting its priorities in order to fast-track our response and reach the 90-90-90 treatment targets; to addressing the holistic needs of people living with and at risk of HIV throughout their lifetime, based on epidemiological evidence; to prioritizing key populations according to our national priorities and legal frameworks; to paying particular attention to children, adolescents and women, including more supportive services to address the specific needs of adolescents and young people; to investing in the improvement of the quality and universal coverage of essential health services; to designating national financial resources, including from the private sector, and combining them with international funding; and, finally, to investing in monitoring and evaluating and generating evidence for better programme management.

Despite some debatable aspects, the Angolan delegation is convinced that the just adopted Political Declaration on HIV and AIDS is a powerful tool for guiding a country's response. We therefore endorse the Declaration and will work with national and international stakeholders to translate it into concrete actions. With national commitment and international solidarity, we will strive to reach the target of ending AIDS as a public-health threat by 2030.

The Acting President: I now give the floor to His Excellency Francis Kasaila, Minister for Foreign Affairs and International Cooperation of the Republic of Malawi.

Mr. Kasaila (Malawi): Malawi wishes to congratulate the President of the General Assembly for the diligent manner in which he has been conducting the business of the Assembly

We align ourselves with the statements delivered by representatives of Zambia and Botswana on behalf of the African Group and the Southern African Development Community, respectively (see A/70/PV.98).

This is a historic moment. I feel greatly honoured and privileged to deliver a statement at this high-level meeting of the General Assembly on HIV/AIDS on behalf of His Excellency Mr. Arthur Peter Mutharika, President of the Republic of Malawi. Our message today is very clear — we can end AIDS by 2030. Achieving that goal will depend on how we use the window of opportunity that the next five years presents, while front-loading our investment for the response to HIV and adopting a fast-track approach will facilitate the consolidation of the gains that we have made and prevent slipping back.

Malawi is one of the countries with the highest HIV burden, with 1.1 million of the 16 million people living with HIV. Malawi recognizes that achieving the 90-90-90 targets of the Joint United Nations Programme of

HIV/AIDS can serve as a path to ending AIDS as a public-health threat by 2030. Consequently, we have embraced those targets in our national HIV/ AIDS strategic plan for the period 2015-2020. In adopting the 90-90-90 targets, our goal is that by 2020, 90 per cent of all Malawians living with HIV will know their HIV status; 90 per cent of people diagnosed with an HIV infection will be receiving antiretroviral therapy; and 90 per cent of the infected will have their viral load suppressed.

As a country, we are mindful of the many challenges on the journey to 90-90-90 by 2020, but we can point to various successes that make us optimistic. Malawi prides itself on the contribution that it has made to the world in pioneering the implementation of the Option B+ programme, which entails initiating life-long treatment for all HIV-positive pregnant and lactating women and their partners. Since its implementation, in 2011, the programme has been a great success. Among other achievements, it has contributed to a reduction in mother-to-child transmission by 67 per cent from 2009 levels and increased coverage of antiretrovirals for pregnant and lactating women to 80 per cent. In order to achieve the aspirations for the 90-90-90 targets and end AIDS, Malawi has developed a national prevention strategy to revitalize HIV prevention, established a special cadre of health personnel to undertake HIV testing, adopted the test-and-treat guidelines and implemented a viral load scale-up plan.

Furthermore, Malawi has progressively improved its HIV-treatment programme over the course of a decade, such that in 2015 over 600,000 people living with HIV were in treatment, as compared to only 23,000 in 2005. In addition, Malawi is also proud of running one of the most cost-effective HIV-treatment programmes globally, with a cost of $136 per patient per year. It was Malawi that provided evidence about the role of conditional cash transfers in reducing HIV risk and vulnerability to infection among women and girls, who are the most affected by HIV. In addition, the Government of Malawi has increased domestic resource investment in HIV from 1.7 per cent in 2010 to 14 per cent in 2015. Those efforts show bold leadership, a willingness to innovate and an understanding of what partnerships among Governments, civil society and the private sector can achieve.

Continuous efforts are required to achieve an AIDS-free generation. There is a need to expand the unmet need for HIV treatment, particularly for children, and to change the course for young women and girls. There is also a need to address stigma and discrimination. Malawi recognizes the need to increase the coverage of combination prevention and invest a quarter of HIV resources in prevention.

Malawi affirms its commitment to the outcome of the 2016 Political Declaration (resolution 70/266, annex).

The Acting President: I now give the floor to Her Excellency Ms. Marisol Touraine, Minister of Social Affairs and Health of the French Republic.

Ms. Touraine (France) (*spoke in French*): France aligns itself with the statement made earlier on behalf of the European Union.

Our collective ambition is unwavering: we want to put an end to AIDS. More than an ambition, it is a commitment that is part of the global development agenda. The challenge that brings us here today is to empower the world to live up to that pledge.

It is truly a battle that we are waging, one against an illness that has killed tens of millions of people, but also a battle against discrimination and the growing marginalization of those whoe are exposed to and live with AIDS. Finally, it is a battle against the temptation to lower our guard because, while our collective efforts by Governments, civil society and health care associations and professionals have allowed us to reduce new infections by 35 per cent in 15 years, HIV still claims 1.2 million lives globally every year. It is a battle that we can and must win. I am convinced that we must innovate if we are to be victorious.

We need first to innovate in discovering new ways to prevent this disease, which is a priority matter affecting all countries. In France, we have chosen to maintain a solid and unified health care system. We specifically target those who have not benefited from preventive action. All French territories now have prevention and screening mechanisms in place. We reach out to all populations, even the most remote. After having authorized the carrying out of rapid diagnostic tests in various centres and having provided access to self-testing, I have decided to go further and offer the HIV antiviral drug TRUVADA as a State-funded pre-exposure prophylaxis, which will be available in local centres as of tomorrow.

In order to carry out such tasks, we are working hand in hand with certain associations, which I would like to

thank for their daily efforts in that regard. Reaching the most disenfranchised within our health care system is also the goal of the low-risk drug consumption rooms that have been set up to protect drug users. Prevention is being carried out in all territories and extended to all people of all ages. We have decided to authorize the diagnosis of minors without parental consent. It is in the same spirit that I will soon present a comprehensive national sexual-health strategy aimed at teaching our youth how to protect themselves sexually and ensure their sexual and reproductive rights. We hope that such a targeted approach will be applied throughout the world. It is an ethical imperative, and it is just, but it is also effective.

In that regard, France regrets that the Political Declaration (resolution 70/266, annex) was unable to fully take key populations into account. To believe that we could eradicate AIDS without specifically targeting men having sex with men, inmates, immigrants, drug-users is deceptive. By contrast, France welcomes the coordinated strategies of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Health Organization. We call on all Member States to implement them, as that would help those who are working in those areas.

We will also innovate to do a better job in treating AIDS. The great challenge here is to improve antiretroviral coverage and to develop a vaccine. We need to strengthen the means that we have available to do research. The French National Agency for Research on AIDS and Viral Hepatitis is second in the world in terms of scientific work on AIDS. Many French teams are involved in international programmes, in particular those aimed at developing a vaccine. The International AIDS Conference that we will host in July 2017 in collaboration with the International AIDS Society will be an important step in that area.

Finally, the third priority is that we need to innovate in financing. France is pleased that, at the global level, national resources for health are growing. Without a solid health system, without universal health care coverage and without trained people we cannot mount an effective fight against AIDS. That investment should be a priority at the national and international levels. France is one of the major contributors to the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNITAID, and we intend to remain so. We also plan to find new financial resources, which is why the President of the Republic, François Hollande, has proposed the establishment of a tax on financial transactions so as to strengthen participatiom in the effort to combat this pandemic.

Fighting AIDS can serve as a great illustration of the power of solidarity. Our victory will depend, therefore, on our political will to act together, on the means that we assign to the task and on our determination to protect the rights of all individuals without distinction or judgement.

The Acting President: I now give the floor to the Honourable Steven Blackett, Minister of Social Care, Constituency Empowerment and Community Development of Barbados.

Mr. Blackett (Barbados): Barbados reiterates its unwavering commitment to evidence-based, strategic and comprehensive HIV responses, firmly rooted in respect for human rights and human dignity. We fully endorse the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (resolution 70/266, annex), adopted yesterday, in which representatives of States and Governments reaffirmed their commitment to fast-track the HIV response in order to end the AIDS epidemic by 2030. We commend the co-facilitators of the negotiations for their vision and for a transparent and inclusive process, and welcome the inclusion of the key populations: sex workers, men who have sex with men, transgender people, persons who inject drugs and inmates. We hope that making the invisible visible will help to end stigma and discrimination and ensure access to prevention, treatment and care.

Barbados has achieved significant success in its HIV response. Through our multisectoral national AIDS programme we have been able to sustain universal access to antiretroviral therapy, which has resulted in diminishing HIV incidence and a virtual elimination of mother-to-child transmission of HIV and congenital syphilis. Those are critical markers of success, of which we are proud. We are seeking to expand and sustain access to HIV testing, treatment and care and to address gaps, especially for marginalized populations.

We are implementing our national strategic plan for HIV prevention and control, which identifies three main priority groups, based on our epidemiological context: men in general, men who have sex with men, and sex workers. The plan is firmly embedded in our national development agenda, which is aligned with the

Sustainable Development Goals. Priorities therefore include addressing the social and economic determinants of HIV through poverty alleviation, the provision of comprehensive health and family-life education and ensuring social justice, equity and inclusion.

Barbados recently adopted the World Health Organization's treat-all policy recommendation on HIV, in which all persons with HIV are now eligible for therapy free of cost, regardless of the stage of the disease. That bold step was made despite our current fiscal challenges, as we recognize that the importance of adopting the fast-track approach outweighs the considerable investment.

Barbados' commitment to aggressively countering HIV and AIDS is reflected in the fact that in recent years our response has been entirely funded from national sources. That is commendable, but it is not by choice. Categorization as a high-income country has rendered us ineligible for financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria and for concessionary funding from other sources. That categorization fails to take into account the challenges that we face as a small island developing State, including a high debt-to-gross domestic product ratio, the severe impact of the global economic and financial crises and competing health and developmental issues, such as non-communicable disease epidemics and emerging infectious diseases. Sustainable funding for an effective and efficient HIV response is urgently needed in order to achieve our ambitious national targets. Barbados therefore calls for an urgent review of the criteria for funding eligibility, which should take into account the specific needs and circumstances of each country.

We wish to express our appreciation of regional efforts undertaken by the Pan-Caribbean Partnership Against HIV/AIDS. We align ourselves with the statement delivered yesterday by the Prime Minister of St. Kitts and Nevis (see A/70/PV.97) and thank donor countries and international agencies for their continuing support. We laud the contribution of civil society, particularly the advocacy carried out by people living with and affected by HIV, which has been a critical driver of the progress made since the beginning of the epidemic.

Barbados' national programming has prioritized the elimination of stigma and discrimination. They remain the greatest and most pervasive obstacles that we face in our national response. We pledge to implement the multi-pronged, tactical approaches necessary to eliminate them in our efforts to leave no one behind.

The Acting President: I now give the floor to Ms. Awa Marie Coll-Seck, Minister of Health and Social Action of the Republic of Senegal.

Ms. Coll-Seck (Senegal) (*spoke in French*): It is an honour for me to take the floor today on behalf of the delegation of Senegal at this high-level meeting of the General Assembly on HIV/AIDS, and to welcome the adoption of the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex), which defines the outlines and the appropriate and effective strategies for combating HIV and AIDS over the next five years. Those strategies will certainly pave the way towards ending the AIDS epidemic as a public-health threat and contribute to the achievement of the Sustainable Development Goals.

To that end, my delegation associates itself with the statement made by the representative of Zambia on behalf of the African Group, and I would like to make some additional comments in my national capacity.

The organization of this high-level meeting of the General Assembly on HIV/AIDS demonstrates the commitment and determination of the international community to mount a strong and sustained response to the AIDS epidemic. That unwavering determination over the past 30 years has facilitated an exceptional mobilization of investments that has yielded positive results in prevention, which has become better adapted to the vulnerabilities of diverse populations, as well as in the care of HIV patients through increased access to increasingly effective treatments. In the future, we will have to pursue actions that are more sustained and more consistent in order to better prevent new infections, especially among the most vulnerable populations, but in particular to increase the access of young girls and young boys to health care services to deal with sexually transmitted infections and AIDS. We must have high-quality care guaranteeing the protection and the rights of the key populations and people living with HIV.

Given the progress made and the importance of the challenge, we call for unity in better addressing AIDS issues in the implementation of the Sustainable Development Goals and in international health-security strategies. In fact, AIDS remains a health problem, and health is a capital asset that must be preserved

for sustainable development and the emergence of our countries.

Like many countries in sub-Saharan Africa, Senegal is at a decisive turning point in its fight against AIDS. AIDS prevalence has been stable in our country for the past 10 years, with a rate of 0.7 per cent, and a 50 per cent decrease of new infections has been noted. That has been possible thanks to the ongoing commitment at the community and multisectoral levels and to the leadership of President Macky Sall, which is right in line with the vision of the Heads of State of the African Union to end the AIDS epidemic by 2030. In that connection, he supports the fight against the disease through a vision of a Senegal free from AIDS reflected in the implementation of the Senegal Emerging plan, which serves as the reference for Senegal's public policies. President Macky Sall is also a sponsor of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Given the new stakes faced by the international community and in the context of a decrease in the resources available in the most affected countries, we have to react. We have no choice but to work together and be more creative in mobilizing resources and partners. The destiny of present and future generations is in our hands today. It is up to us to take concrete decisions so that young people and adolescents, the leaders of the future, can live in a world free from AIDS. We expect concrete measures from the international community supported by significant resources.

Africa, which is paying the heaviest toll in the AIDS epidemic, must strengthen the mobilization of its internal and external resources so as to attain the important goal of realizing our common vision to end the AIDS epidemic by 2030. Senegal, through my voice here, hopes that this high-level meeting on HIV/AIDS will serve as a decisive turning point for the global commitment to put an end to AIDS as a major health problem.

The Acting President: I now give the floor to His Excellency Mr. Kalla Moutari, Minister of Health of the Republic of the Niger.

Mr. Moutari (Niger) (*spoke in French*): It is a great honour for me to speak before the Assembly to deliver the message of the Government of the Niger on the occasion of the high-level meeting of the General Assembly on HIV/AIDS. This important meeting of the international community on HIV/AIDS is a great occasion to reaffirm our common commitment to fighting against this pandemic.

My delegation endorses the statement made by the representative of Zambia on behalf of the Group of African States (see A/70/PV.98).

The multisectoral Joint United Nations Programme on HIV/AIDS (UNAIDS) 2011-2015 Strategy has galvanized global and national efforts that have led to a reduction in the AIDS epidemic and to a reversal in the trend. That reflects a net decline in the number of infections and deaths related to the virus. The Niger, my country, is not standing idly by. In fact, judging from successive demographic and health measurements involving many indicators, the HIV prevalence rate in the population is in steady decline, and the number of people being cared for and given antiretroviral drugs has steadily increased. That has been possible thanks to various actions, in particular the national strategic plan for the period 2013-2017, as well as the national initiative on antiretrovirals. Those efforts are also the result of a strong political commitment on the part of President Issoufou of the Niger, the Head of State and the Head of the National Council to Combat AIDS.

In fact, the will to pursue the commitments in the policy advocated by UNAIDS to shared responsibility has resulted, among other things, in more and ongoing resources from the State as part of its response, in spite of our difficult national situation, which is characterized by enormous security challenges. In terms of funding allocated to fighting HIV/AIDS, our national contribution to the funding increased from 6.72 per cent in 2011 to 55.81 per cent in 2015, making external financing only the second largest contributor.

Despite major advances in the fight against HIV/AIDS, the epidemic still poses serious threats to public health, and the current pace of the response will not successfully end the epidemic. In that regard, we need to step up the response so as to avoid a rebound in the number of infections and HIV-related deaths. From that standpoint, we believe that the 2030 Agenda for Sustainable Development (resolution 70/1), in particular target 3, which calls for an end to the AIDS epidemic as a threat to public health by 2030, offers tremendous opportunities. We therefore need to take this opportunity to benefit from the renewed global commitment to increasing resources and efforts so that we can reach the targets set for prevention, diagnosis and treatment. That calls for a robust health system that is capable of

integrating patients at all levels of the chain of services, prevention and care of HIV patients and of maintaining all of that. It must also involve a significant decrease in high-risk behaviours and vulnerabilities, especially for girls, young women, minors, inmates, migrants and displaced populations.

At this point, let me point out that the specific issue of vulnerability, which is covered by the notion of key populations, tends to make consensus difficult, in particular because of the different ways of grasping that issue. We therefore believe that each State should have the latitude to define its key populations according to its context and realities so that nobody is left behind. In any case, the need to provide adequate support to developing States, in particular the least-developed States, is urgent so that greater consideration can be given to AIDs in formulating national policies and strategies to achieve the Sustainable Development Goals.

The Acting President: I now give the floor to Her Excellency Ms. Ruxanda Glavan, Minister of Health of the Republic of Moldova.

Ms. Glavan (Republic of Moldova): This year's high-level meeting of the General Assembly on HIV/AIDS is a truly ground-breaking event. It sets the stage for bold new actions for a comprehensive HIV response aimed at reversing the epidemic by 2020 and at ending it as a public health threat by 2030. Having learned the lessons of the Millennium Development Goals, we welcome the new Political Declaration: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex), which is in line with the commitments made under the 2030 Agenda for Sustainable Development (resolution 70/1).

I would like to point out that the Republic of Moldova is supportive of the new Political Declaration on HIV and AIDS. The motto of the 2030 Sustainable Development Agenda is to leave no one behind. It is an ambitious goal that is especially relevant in the field of HIV and AIDS. That ambition is well reflected in the new Political Declaration. In order to achieve that goal, particular focus must be put on a human rights-based approach, gender equality and the empowerment of women, and on people living with, at risk of and affected by HIV, including key populations. The Republic of Moldova has come a long way in mainstreaming human rights and gender equality in its legal framework and public policies through whole-of-Government and health-in-all approaches. Respect for human rights ensures an inclusive and empowering society and creates favourable conditions for sustainable development across all sectors.

Coming from a region where new HIV infections are still on the rise and only modest progress has been reported in reducing HIV transmission among key populations, I strongly believe that the right mix of HIV prevention, treatment and care approaches, policies and services could reverse the tide. The Republic of Moldova has developed several best practices and generated evidence that clearly shows that the only sustainable approach is one that focuses on locations and on well-defined populations living with, at risk of and affected by HIV.

The Republic of Moldova welcomes the stress placed by the Political Declaration on HIV and AIDS on the need to protect and promote access to appropriate, high-quality, evidence-based HIV information and education. We were among the first countries in the Eastern Europe and Central Asia region to pilot the life skills-based education approach some years ago. I strongly believe that well-educated young people are able to make informed decisions about their health. That will enable them to enjoy long and healthy lives. Effective cooperation between public authorities, civil society organizations, parents and academia is paramount if we are to make progress in this field.

A major challenge for the Republic of Moldova is to ensure the financial sustainability of our HIV response. We qualify as a low middle-income country, but we are likely to miss the ambitious fast-track targets unless sufficient investments are secured. The Government has made important progress towards committing public funding for HIV diagnosis, treatment and care services. At the same time, much still needs to be done in order to achieve a balanced approach to planning, greater effectiveness, higher transparency and mutual accountability for the results. In the context of funding, we call for a reasonable balance between global solidarity on the one hand, and countries' commitments on the other hand.

Personally, I strongly believe that if our fast-track strategy is to be realized, we need country-driven, credible, well-costed, evidence-based, all-inclusive, sustainable and comprehensive national HIV plans. Moreover, the plans must be funded and implemented with full transparency, accountability and effectiveness

in mind. The principles of alignment to national priorities, observance of human rights, fundamental freedoms and gender equality, all of which are at the heart of the new Political Declaration, will ensure that the fast-track dream comes true.

The Acting President: I now give the floor to the Her Excellency Ms. Nazira Vali Abdula, Minister of Health of the Republic of Mozambique.

Ms. Abdula (Mozambique): First of all, I would like to greet everyone on behalf of His Excellency Mr. Filipe Jacinto Nyusi, President of the Republic of Mozambique, who is following with keen interest the discussions that we are having in this important meeting.

In 2011, when gathered in this Hall, we adopted the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, which called for a renewed commitment and ambitious goals. Mozambique was represented at the meeting at a senior level by His Excellency the Prime Minister, who supported the final document and then took steps to start its contextualization and implementation in our country.

Mozambique has adapted the proposed targets in the 2001 Declaration of Commitment on HIV/AIDS to the Mozambican context, with indicators and targets adapted to the national strategic plan of that period and other guiding instruments relevant to the various key sectors of the national response to HIV. Mozambique was one of the pioneers among the States Members of the United Nations to adapt the Declaration of Commitment on HIV/AIDS to the national context, which the Executive Director of the Joint United Nations Programme on HIV/AIDS commended.

Mozambique has made progress in reducing the sexual transmission of HIV by 50 per cent. In relation to target 3 to eliminate new HIV infections in children by 2015 and reduce maternal deaths related to AIDS, we noted a reduction in mother-to-child transmission from 11.9 per cent in 2013 to 6.2 per cent in 2015. In regard to the global goal of reaching 15 million people with HIV on antiretroviral treatment, for its part Mozambique had 800,000 patients on antiretrovirals by the end of 2015, corresponding to a coverage of 53 per cent for antiretroviral therapy among people living with HIV equivalent. In order to minimize the financial challenges, the response to HIV and AIDS was decentralized, and Mozambique is currently developing its financing strategy for health in general and for HIV in particular, focusing on the mobilization of domestic resources. In 2014, Mozambique enacted Law 19/2014, which was the result of merging two previous laws. The new law has broad multisectoral coverage and will reinforce the efforts aimed at eliminating the stigma and discrimination associated with HIV and AIDS. Finally, in relation to target 10, Mozambique has been implementing an extensive programme of decentralization.

Mozambique supports the 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex) because it is comprehensive and addresses the key robust actions needed to end the HIV/AIDS epidemic and recognizes that, although we have made significant progress, much remains to be done to achieve an HIV and AIDS-free world. The speed at which new infections in adolescents, young people and adults are declining falls short of what we need if we are to reach a world free of HIV. In fact, new infections are resurgent in some parts of the world. Every new HIV infection is one too many. Two million per year is simply unacceptable, especially when we have the science to prevent them and means of implementation that are simple and cost-effective. We have to invest more in prevention if we are to end the HIV/AIDS epidemic.

The role of men in the collective efforts to end the epidemic must not be underestimated. Data indicate that men continue to play an important role in the transmission of the infection. Few men know their status in relation to HIV, and few are on treatment. We have to find ways to ensure the greater involvement of men in prevention, care and treatment if we are to end the AIDS epidemic.

The launch of the 2016 Political Declaration on HIV/AIDS comes less than a year later, and in this Hall we agreed on a transformative agenda for the world — the 2030 Agenda for Sustainable Development (resolution 70/1). That Agenda serves the foundation for efforts to end the epidemic, because it deals with important areas that have contributed to the perpetuation of the epidemic.

The progress achieved in the context of the implementation of the 2011 Political Declaration on HIV/AIDS in Mozambique enables us to face the future with optimism and hope. I believe that the country will once again contextualize the 2016 Political Declaration, adjusting the targets to the national context, based on our HIV and AIDS national strategic plan, 2015-2019,

approved by the Government of Mozambique, and we will strive to achieve the set goals.

Finally, I would like to reaffirm the commitment of the Government of the Republic of Mozambique to continuing to be part of the global efforts to end HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Michael Malabag, Minister for Health and HIV/AIDS of the Independent State of Papua New Guinea.

Mr. Malabag (Papua New Guinea): I am honoured to lead the Papua New Guinea delegation at this important high-level meeting of the General Assembly on HIV/AIDS. I wish reaffirm our commitment to joining the international community in working together to end the AIDS epidemic, and we therefore support the consensus for the Political Declaration on HIV/AIDS (resolution 70/266, annex).

The HIV/AIDS epidemic continues to be one of the world's most serious health, development and social challenges, and my country is no exception. The Millennium Development Goals platform gave us a strong foundation to build on in the fight against HIV/AIDS, and we welcome target 3 of Sustainable Development Goal 3 of the 2030 Agenda for Sustainable Development (resolution 70/1), which recognizes the importance of ending AIDS as a step in the right direction.

HIV was first diagnosed in Papua New Guinea in 1987, and the threat posed by the epidemic remains real and one that Papua New Guinea continues to take very seriously. That is why we have also adopted a free health care policy, which is supporting the fight against HIV/AIDS. Our national HIV strategy 2011-2017, coupled with our Government's decision to fully fund HIV/AIDS treatment, meets international best-practice standards. We have made significant inroads through our response, which is based on human rights and a gender-based approach backed by ongoing legislative reforms.

Papua New Guinea has 70 per cent of the Pacific Islands population and over 95 per cent of the HIV cases. Early projections for Papua New Guinea estimated that the HIV prevalence among the adult population would reach more than 5 per cent. However, the current prevalence rate is around 0.8 per cent. That is because of our concerted efforts to scale up HIV testing, treatment and surveillance over the past decade.

Currently, it is estimated that Papua New Guinea has 40,000 people living with HIV. Recent disaggregated data indicate that adolescent girls and women are at particular risk. The age group of 15 to 49 shows the highest prevalence rate, which poses a development challenge. We acknowledge that greater focus on adolescent sexual and reproductive health and rights, including comprehensive sexuality education, is needed.

We recognize the importance of ensuring that those who need treatment have access to life-saving antiretroviral therapy medicine, but universal coverage is a challenge, given the physical terrain, remoteness and limited infrastructure to reach our people. Our success has been in the prevention of mother-to-child transmission and high antiretroviral therapy retention rates.

Our Government remains committed to addressing the HIV epidemic in an integrated manner. We have increased the overall allocation and spending on the health sector, so as to address many of the challenges faced by the health system, including infrastructure, human resources, an aging workforce and medical supplies. Those investments will no doubt improve the ability of our health system to deliver better care, including HIV services, across the country. My Government's decision to fully fund antiretroviral therapy since 2010, which is regarded as a global best practice, has helped reduce antiretroviral stock shortages and will ensure a more sustainable supply of the drugs in the future. Our Government has allocated approximately $5 million annually over the past five years in our national budget for the procurement of antiretrovirals, which are free of charge to all people living with HIV in Papua New Guinea.

Papua New Guinea recognizes that multi-stakeholder partnerships, including with the private sector, churches and civil society organizations, are key to achieving our objectives in our national HIV/AIDS response. We are committed to strengthening partnerships at all levels. We are grateful for the development assistance partnership in combating HIV/AIDS, including from Australia, the United States, the United Nations, the World Bank, the African Development Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria. We also welcome the Government of India's recent

bilateral partnership, which provides free antiretroviral therapy for one year and other assistance to our health sector.

We also recognize that stigma, discrimination and sexual and gender-based violence are drivers of the HIV/AIDS epidemic, and if we address them effectively along with our health response, we will succeed in ending AIDS.

Indeed, we believe that it is possible to end AIDS, as advocated by the United Nations. But that will require nothing less than a social transformation, ashift from punitive approaches to evidence- and rights-based approaches. For many of us in the health sector, the integration of human rights into the response should be non-negotiable. Ending new infections and AIDS-related deaths will not be possible without attention to the social and legal contexts in which people live. Reaching zero discrimination will not be possible if people do not have access to justice.

In closing, Papua New Guinea also associates itself with the joint statement delivered yesterday by the representative of Argentina on behalf of like-minded countries (see A/70/PV.97). Finally, I thank the President for organizing this important High-level meeting.

The Acting President: I now give the floor to His Excellency Christopher Tufton, Minister of Health of Jamaica.

Mr. Tufton (Jamaica): Jamaica aligns itself with the statement delivered by the representative of St. Kitts and Nevis on behalf of the Caribbean Community (see A/70/PV.97).

We welcome the convening of this high-level meeting of the General Assembly on HIV/AIDS. It is an opportune moment for us, as an international community, to take stock of the implementation of the global AIDS response, including the commitments made since 2011, which will require strategic and purposeful action in a number of areas.

I wish to use this opportunity to commend the Joint United Nations Programme on HIV/AIDS for its leadership in the HIV response. Jamaica also values the partnership with key stakeholders, including the United States President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and civil society. Their support truly exemplifies the approach that will be required if we are to achieve our aim of ending AIDS by 2030.

In this very Hall in September 2015, Jamaica along with all Member States, made some bold commitments to achieving that goal with the adoption of the 2030 Agenda for Sustainable Development (resolution 70/1). While we reaffirm that commitment, Jamaica emphasizes that continued attention must be given to comprehensive prevention and treatment free from discrimination.

Jamaica has made marked progress in its efforts to reduce HIV infection and eliminate the AIDS epidemic. Despite many challenges, we have been able to do the following: lower the number of new HIV infections by 25 per cent; reduce prevalence among sex workers from 9 per cent in 2005 to 2.9 per cent in 2014; achieve the elimination target for the mother-to-child transmission of HIV; and, finally, expand antiretroviral coverage, resulting in a reduction in AIDS-related deaths.

Despite those successes, however, much work remains to be done. Jamaica recognizes the need to continue to strengthen our response aimed at reducing stigma and discrimination against key populations. While we have grappled with efforts at legal reform, the landscape has been difficult to manoeuvre, especially in an environment where there is significant resistance to the reform of HIV-related laws.

Jamaica fully supports the fast-track approach to ending AIDS and achieving the 90-90-90 targets. They are ambitious targets that will require significant sustained investments as we seek to offer all Jamaicans the best possible care, including throughthe adoption of the 2015 World Health Organization Guidelines on the provision of antiretroviral therapy. That is expected to have a significant impact on the HIV epidemic in Jamaica. We must capitalize on this window of opportunity over the next five years so as to ensure that the global AIDS response is fully funded and that prevention programmes are scaled up and reach the key populations. Again, I say that no one must be left behind.

Jamaica, along with other middle-income countries and small island developing States, faces unique vulnerabilities that require special consideration. The determination of middle-income status measured solely on the basis of gross domestic product does not give a true picture of a country's economic situation, including its ability to pay. In the case of the AIDS response, that is a matter of great significance, as a designation as middle-income often results in a country's premature

transitioning away from donor funding. That runs the risk of stifling efforts to maintain and improve upon past gains and get on the fast track to 2030.

Nevertheless, Jamaica is committed to maintaining essential services so as to ensure that we do not lose momentum in our HIV response. We also reiterate the call for our continued eligibility for donor resources up to 2020 as a minimum in support of the 2020 targets. There also needs to be a focus on sustainable financing options, both for Governments and for civil society, as well as adequate funding to support policy and legal reforms and the transformation of social attitudes.

In closing, Governments are committed, civil society is committed and international partners are committed, but none can do it alone. Jamaica therefore looks forward to full implementation of the commitments made during this meeting. We believe that, through an accelerated approach focused on needs and people in our joint efforts, we can see the first AIDS-free generation by 2030.

The Acting President: I now give the floor to Her Excellency Moumina Houmed Hassan, Minister for Women and Family of the Republic of Djibouti.

Ms. Houmed Hassan (Djibouti) (*spoke in French*): I have the pleasure and honour to speak today on behalf of the President of the Republic of Djibouti, His Excellency Mr. Ismaël Omar Guelleh, and to participate in this high-level meeting of the General Assembly on HIV/AIDS.

Djibouti aligns itself with the statement delivered by the representative of Zambia on behalf of the Group of African States (see A/70/PV.98).

Since the adoption of the Political Declaration on HIV/AIDS of 2011, we have welcomed the many advances made in the fight against HIV/AIDS. However, notwithstanding the progress made in recent years, HIV/AIDS is still a public-health and development problem, and it is extremely urgent to contain it by addressing the difficulties and shortcomings that persist in the fight against this epidemic.

Djibouti has made considerable progress over the years in the fight against HIV/AIDS. Despite those efforts and the noteworthy achievements made in addressing HIV/AIDS, the epidemic remains a threat, with an estimated prevalence rate of 1.67 per cent in 2015. An estimated 9,900 adults and children are living with HIV/AIDS. An analysis of that situation also shows a feminization of the disease, as an estimated 4,900 women are living with HIV/AIDS.

With its geostrategic position in the Horn of Africa and its political stability, Djibouti is situated in a region that is facing a great deal of instability and movement of people, which has contributed to its vulnerability to HIV/AIDS. However, in order to permanently reverse that trend, Djibouti, like the international community, has accelerated the pace of its efforts aimed at implementing the Sustainable Development Goals and the Global Plan towards the Elimination of New HIV Infections among Children. That positive trend is largely due to the efforts to strengthen and decentralize the supply and quality control of services in the fight against HIV/AIDS.

With respect to Djibouti, the Government pledged from the beginning to fund free access to antiretroviral therapies for all affected patients, without discrimination. Moreover, it is the first country in the region to have implemented, starting in 2007, a law providing protective measures for persons living with HIV/AIDS and groups in vulnerable situations. It also was the first to ratify, in 2015, the Arab Convention on HIV Prevention and Protection of the Rights of People Living with HIV. That political and legislative system provides a framework for countries to implement the principles of human rights in their response to HIV/AIDS in order to ensure that all people living with HIV can live in dignity without discrimination and to ensure accountability in HIV prevention.

In order to succeed in the necessary social transformation and in sustainable development during the period leading up to 2030, Djibouti has developed policies and strategic frameworks, such as its Five-Year Health Development Plan, which is designed to take up the challenge of prevalence reduction for diseases such as HIV, the National Strategic Plan against HIV/AIDS 2015-2017, the National Strategic Plan for Childhood, the Convention on the Elimination of All Forms of Discrimination against Women, and Vision 2035, which sets forth the footing for and maps out the agenda for sustainable development in the Republic of Djibouti.

But in order for Djibouti to attain the Sustainable Development Goals, the country must ensure the active participation of all sectors by strengthening multisectoral action and by creating synergies among the various national regional and international actors. To that end, Djibouti has undertaken the implementation

of innovative approaches aimed at mobilizing internal funding through the implementation of the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria, which requires strong political commitment with a corresponding increase in national funding, the revitalization of the national response with the mobilization of new financing, the definition and adoption of an integrated package of HIV/AIDS services available at all levels, and the establishment of universal health insurance coverage.

Djibouti welcomes the development and execution of subregional plans for joint action and technical support to implement those recommendations. It is imperative to have an interregional dialogue and a partnership among Governments and development partners, including the United Nations system, the League of Arab States, the Intergovernmental Authority on Development, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and civil society, in order to promote the access of immigrants and mobile populations to HIV and general health services in hot spots, including ports, towns, corridors and refugee camps.

We unequivocally welcome the good intentions of the Political Declaration just adopted (resolution 70/266, annex), but we reiterate that the international community must come up with an innovative strategy anchored in strict compliance with the sociocultural and religious values of all. Such an approach is the best way to roll back HIV/AIDS and will, as we all hope, allow us to reach the goal of ending the HIV/AIDS by 2030.

The Acting President: I now give the floor to Her Excellency Janet Lareto Garin, Minister of Health of the Republic of the Philippines.

Ms. Garin (Philippines): At the outset, allow me to extend our appreciation to the Permanent Representatives of Switzerland and Zambia for their tireless efforts in steering the negotiations and arriving at a consensus on the outcome document that we adopted yesterday (resolution 70/266, annex). Our appreciation extends also to all other delegations for their constructive engagement in this most important Political Declaration on HIV and AIDS, which reaffirms our commitments and fast-tracks our collective fight against HIV/AIDS.

The Philippines gives high priority to addressing HIV in our health agenda, conscious of the urgent need to deal with the problem in a strategic, inclusive and sustained manner. While the Philippines remains a low-prevalence country, we are cognizant of the alarming increase in the incidence of HIV/AIDS in our country in recent years. While some of that is due to new infections, most of it is actually the reporting effect produced by an increased number of available and ready testing kits in many areas of our country. With the help of our local and international partners, we commit ourselves to ending this epidemic by 2030.

In addressing HIV, the Philippines has adopted evidence-based interventions and is committed to the continued review of laws, policies and mechanisms to ensure the delivery of the best available interventions and services to all who need it, including young key affected populations, to whom special attention should be given, without discrimination of any kind, while ensuring that no one is left behind. We remain mindful of the need to respect the human rights and dignity of all.

In 2015, we launched the Universal Health Care High Impact Five strategy, which is an acceleration strategy designed to achieve universal health care and ultimately all the Sustainable Development Goals. One critical intervention of the High Impact Five strategy is aimed at reducing the HIV/AIDS burden by improving the access of the most-at-risk populations to HIV/AIDS testing, counselling, and, of course, antiretroviral medicines. Committed to delivering better services to address the HIV problem, the Philippines has doubled its National HIV Programme budget from $6.5 million in 2015 to $13 million in 2016, using local resources. That has been further augmented in the proposed General Appropriations Act for 2017. We work intensively with regional partners, mainly the Association of Southeast Asian Nations Task Force on AIDS, the United Nations system with its Joint United Nations Programme on HIV/AIDS (UNAIDS) secretariat and the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to strategize and augment country projects.

In its fight against HIV, the Philippines continues to commit to the following strategies: supporting the fast-track strategy of UNAIDS, including the UNAIDS recommendations to fast-track the multisectoral response through more aggressive target setting by 2030, and increasing efforts to improve the availability of data, recognizing that reliable data, disaggregated by income, sex, mode of transmission, age, race, ethnicity, migratory status, disability, marital status, geographic location and other characteristics relevant

to the Philippine context, are key for nationalizing the fast-track programme on achieving 90-90-90 treatment targets by 2020 and ending the epidemic by 2030.

The population of the Philippines is very young, with the median age being below 24 years of age, and very mobile. We therefore focus our efforts on young people, many of whom were not yet born when the AIDS epidemic exploded as a public health crisis in the 1980s, with the result that they are less aware and less vigilant about the virus. We likewise give particular attention to the vulnerabilities of migrants, given that over 9 million Filipinos are living and working abroad. Our migration policies for the various streams of migration promote policy coherence so as to strengthen the ability of migrants to access health services wherever they may be.

Further strategies to which the Philippines is committed include ensuring access to quality treatment and prevention services, including affordable and quality antiretroviral drugs for people living with HIV as part of the 90-90-90 targets for 2020 and the goal of ending the epidemic by 2030; and continuing to adopt the multisectoral approach in HIV programming, including inclusive and meaningful involvement of relevant target groups such as people living with HIV and various partners such as community-based organizations, local Governments, private-sector and civil society organizations.

Let us not forget the need to focus also on curative strategies, including the development of vaccines against HIV. Until that is realized, significant support is still needed to assist developing countries in achieving the 90-90-90 targets through access to cheaper antiretroviral therapies and point-of-care tests and in developing simplified monitoring protocols for persons living with HIV who are receiving treatment. By working together in a focused and synergistic manner, we will win this war and make the dream of a world free from HIV/AIDS a reality.

The Acting President: I now give the floor to His Excellency Mr. Isaac Adewole, Minister of Health of the Federal Republic of Nigeria.

Mr. Adewole (Nigeria): It is my honour to present this statement on behalf of the Federal Republic of Nigeria. I wish to express Nigeria's gratitude for the holding of this high-level meeting of the General Assembly on HIV/AIDS, which has led to the adoption of the 2016 Political Declaration on ending the HIV epidemic by the year 2030 (resolution 70/266, annex). This event could not have come at a more auspicious time than now, when renewed commitment and viable cooperation are needed from all stakeholders to end a disease that has visited ravaging consequences on the entire world.

The unremitting negative impact of the disease on the global population and on development has brought about a renewed consciousness that, in order to save the global community, immediate actions, through the adoption of initiatives encapsulated in the Political Declaration, are needed.

Nigeria aligns itself with the statement delivered by the representative of Zambia on behalf the Group of African States (see A/70/PV.98).

It is pertinent to state that, at present, Nigeria has one of the largest antiretroviral treatment programmes in sub-Saharan Africa, with over 750,000 people currently under treatment. That figure represents an astronomical increase in access to antiretroviral treatment when compared to the situation in 2002, when there were fewer than 10,000 people on such treatment. However, more has to be done, as we need to put an additional 2.5 million people into treatment over the next three to five years.

Since the adoption of a multisectoral response, more political will and commitments have been displayed by the Government and all stakeholders, resulting in an expanded response with the launch of universal access to HIV prevention, treatment, care and support. The country has also taken action to promote the needs and rights of vulnerable groups, including women, young people and children. In 2013, the Federal Government signed into law a bill that would criminalize discrimination against people living with HIV with a jail sentence of up to 14 years. We also launched a five-year strategic plan for 2010-2015, which was rolled out to address the scourge of the disease in a holistic manner. That was followed by the development of a strategic framework in the form of a non-binding bilateral agreement between Nigeria and the Government of the United States of America.

We have also developed a national strategic framework that addresses six principal critical areas, which include behavioural change and the prevention of new HIV infections; the treatment of HIV/AIDS and related health conditions; care and support for people infected with HIV/AIDS, orphans and vulnerable

children; policy, advocacy, human rights and legal issues; institutional architecture, system and resources; and monitoring and evaluation, research, and knowledge management.

Nigeria has continued to spearhead support for and advance regional and subregional mechanisms aimed at halting the spread and addressing the scope of HIV/AIDS in Africa. Notable among them have been the 2006 Abuja Summit, the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa, the 2010 Kampala decision of the African Union, as well as the 2011 Political Declaration on HIV/AIDS. Nigeria will continue to affirm its support for those bold initiatives to roll back the epidemic.

Nigeria, along with other African countries, spearheaded the Addis Ababa Ministerial Conference, and stated our resolve to implement the 90-90-90 treatment targets for the control of HIV in the continent. The current Administration in Nigeria, under the leadership of President Muhammadu Buhari, has made the elimination of HIV infections one of his key signature projects, and we are prepared to also address a complementary 90-90-90 global agenda to seek, find and treat tuberculosis in the country.

In conclusion, Nigeria will continue to serve as a credible partner in regional and international efforts to ensure the welfare and well-being of people living with HIV/AIDS, as well as to provide spirited commitment to their full integration into society. We welcome international and regional initiatives that will ensure the widespread availability of antiretroviral treatments, and we call for the adoption of initiatives within the framework of the 2030 Agenda for Sustainable Development (resolution 70/1). Nigeria calls for renewed political commitment and international partnerships that will ensure that no one is left behind in the race towards ending the epidemic in 2030. To that end, efforts along those lines should be fully integrated into actions taken aimed at ensuring inclusiveness and a targeted approach that is cognizant of socioeconomic realities and relevant international laws.

Finally, we acknowledge the importance of the five key populations already identified in the Political Declaration. We also call for a strong commitment to be shown to people at high risk, such as women and children, who constitute the largest group of people infected in sub-Saharan Africa.

The Acting President: I now give the floor to Her Excellency Ms. Bernice Dahn, Minister of Health and Social Welfare of the Republic of Liberia.

Ms. Dahn (Liberia): Allow me to commend the global commitment to ending one of the most devastating modern-day challenges, the AIDS epidemic, as demonstrated in the 2030 Agenda for Sustainable Development (resolution 70/1). That commitment underscores the need for a strengthened international framework for coordinating and consolidating efforts aimed at achieving universal health coverage, including fast-tracking the end of the AIDS epidemic. Africa has spoken collectively as part of its efforts to end the scourge of HIV/AIDS, which gravely plagues the continent.

Therefore, in a spirit of continued solidarity, my delegation wishes to align itself with the statement delivered by the Minister of Health of the Republic of Zambia on behalf of the Group of African States (see A/70/PV.98).

Since the 2011 Political Declaration on HIV/AIDS, Liberia, like other Member States, has made its own commitments to end the epidemic. Progress has been achieved in terms of reducing new HIV infections and AIDS-related deaths. Mother-to-child transmission has dropped from 24 per cent to 16 per cent in 2013. The number of people living with HIV who are on antiretroviral treatment has increased from 12.6 per cent to 25.6 per cent.

Liberia, along with the international community, acknowledges the devastating impact of HIV/AIDS on development, and over the past few years resources to control HIV/AIDS have increased considerably. However, the Ebola virus epidemic of 2014-2015 weakened Liberia's health system and shut down the routine delivery of primary care services, including those for HIV and AIDS. Many of the gains that we had made in previous years were lost. While we recognize that the prevention, care and treatment of AIDS require a multidisciplinary approach and resources, we assert that building a robust and resilient health system is a necessary prerequisite for improving and sustaining efforts to fast-track the ending of the AIDS epidemic.

We have also learned that health services play a crucial role in the detection and treatment of other sexually transmitted infections, HIV counselling and testing, the prevention of mother-to-child transmission of HIV and the care of HIV-infected patients. Increasing

access to antiretroviral treatment poses unique and formidable challenges in our countries. Additional resources for the prevention of HIV infection and the care of HIV-infected persons may not by themselves have the desired impact if the health systems in our countries are not strengthened. Furthermore, any activity in the area of HIV/AIDS prevention and care, carried out as part of the health services, can have a positive ripple effect on other health care activities, and vice versa. That interactive effect needs to be acknowledged and built on.

As Liberia transitions from post-Ebola outbreak recovery to building a resilient health system, an integrated people-centred health care delivery system and improved governance with health issues integrated in all policies have been placed at the heart of the national health policy and strategic plan for 2015-2021. The Government of Liberia and the Ministry of Health joined the International Health Partnership (IHP) in April with the goal of using IHP principles to help improve donor coordination and to work jointly with development partners to strengthen the health system and ensure joint design and implementation of an integrated people-centred service-delivery mechanism aligned with the hierarchy of needs.

At this global high-level meeting of the General Assembly on HIV/AIDS, with its emphasis on the fast-track approach to ending the AIDS epidemic, Liberia declares that it is fully committed to implementing the health-related Sustainable Development Goals (SDGs). We have recognized that our leadership is needed more than ever in that regard and are confident that universal health care provides a comprehensive framework to underpin all of the health targets. In order to achieve universal health care, health systems need to be strong, resilient, sustainable and responsive to the current and future needs of the populations they serve.

Effective and accessible HIV and AIDS services are a critical part of a robust and resilient health system. Experience has shown us that without a resilient system, efforts to establish disease-specific programmes are left vulnerable and will fail to withstand a crisis. We need to think holistically about how to build health systems that will support and enable quality HIV/AIDS prevention and treatment services, instead of funding vertical programmes that lack sustainable foundations. We need to prioritize and invest in key components of the health system, including health workforce infrastructure, the supply chains, procurement, financial management systems, monitoring and evaluation and innovations.

It is also important to recognize and harness the work being carried out as part of the AIDS response, which has greatly contributed to driving the development of health systems, social protection and community resilience. I believe that the approaches and mechanisms forged by the AIDS response can serve to overcome systemic challenges, while contributing towards the development of equitable universal health coverage.

Today's historic meeting is a call to action. The new 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex) must go further in adopting a fundamentally new approach to fast-tracking an end to the AIDS epidemic. We need to move further towards a systemic approach to global health. That underscores the need to integrate HIV services into the broader health, social and community systems in the context of universal health coverage and enhanced health security. In order to defeat HIV and AIDS, we need resilient health systems, and we need to effectively implement sustainable responses that are evidence-based, transparent and accountable. The AIDS response needs to be fully embedded in the 2030 Agenda for Sustainable Development, recognizing that the response can serve as a pathfinder for many SDGs.

The Political Declaration on HIV and AIDS marks a critical opportunity to advance a paradigm shift towards the integrated development approach envisioned by the SDGs. In fact, it requires expanding efforts to partner with multilateral partners, taking due consideration of a country's health system dynamics and specific needs. Supporting strong Government leadership of health systems is integral to sustainability. Health systems are strongest where Governments have leadership and technical skills.

As a party to the Political Declaration, Liberia will devote its utmost efforts to fast-tracking our national response and ending AIDS by 2030, as part of the Sustainable Development Goals, in general, and our efforts to build a resilient health care delivery system, in particular.

The Acting President: I now give the floor to His Excellency Abdourahmane Diallo, Minister of Health of the Republic of Guinea.

Mr. Diallo (Guinea) (*spoke in French*): It is my honour and privilege to speak on behalf of His Excellency Mr. Alpha Condé, President of the Republic of Guinea, and to convey his warm greetings and those of all of the people of Guinea. He thanks the President of the General Assembly for the invitation extended to him and congratulates him on the conduct and quality of the organization of this high-level meeting.

Since organizing in 2010 and 2015 the first truly free and democratic presidential elections in the country, the Republic of Guinea has inscribed in gold a most glorious page of its history since it gained independence on 2 October 1958. Moreover, this is an opportunity for me to speak on behalf of the Head of State in order to convey our thanks to our bilateral and multilateral partners for their support and valuable contributions to the organization of the various historic elections. I therefore urge them to pursue their efforts to strengthen our democracy.

All are aware that our country, Guinea, is emerging from a devastating crisis caused by the outbreak of the Ebola virus in December 2013, which lasted until April this year, with a total of 3,814 reported cases, among which there were 2,544 deaths, representing a mortality of 67 per cent. It should be noted that 1,270 patients were cured and discharged from our Ebola treatment centres and are now in the care of the country and its partners in terms of monitoring and management. The epidemic was fought and stopped by means of the technical and financial support provided by the entire international community to Guinea. I would again like to express, on behalf of the President of the Republic, our tireless thanks and gratitude for that invaluable support.

The Ebola crisis highlighted weaknesses in our health system, and those negative effects have created significant challenges for programmes to combat disease in general and HIV in particular; a considerable decrease in the use of health services has also been observed. In terms of HIV, that has affected voluntary testing and the prevention of mother-to-child transmission of HIV in the context of reduced prenatal consultation.

Therefore, international organizations that intervened in the country following the explosive outbreak and epidemic of the Ebola virus disease and that have committed themselves, alongside our country, to rebuilding our health care system must include efforts to offset the setbacks suffered by the plans to intensify efforts to combat HIV/AIDS as a result of the outbreak of the Ebola virus disease.

On 10 June 2011 in this Hall, the international community pledged to intensify efforts to eliminate HIV and AIDS through the adoption of resolution 65/277, entitled "Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS". It is clear that great progress has been made since then. According to the 2015 report of the Joint United Nations Programme on HIV/AIDS, new HIV infections and AIDS-related deaths have fallen significantly. Now the response goes one step further. In that context, the Republic of Guinea joined the consensus of the African Group and the Economic Community of West African States in adopting resolution 70/266, containing the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030.

In Guinea, the prevalence of the virus is 1.7 per cent across the nation, and the epidemic affects key sectors of economic development. In fact, the most affected groups are men in uniform, fishermen, transportation workers and miners, with a prevalence rate between 5 and 6 per cent in those groups, not to mention such vulnerable groups as men who have sex with men, professional sex workers, injected-drug users, prisoners, women, children and adolescents.

Since the beginning of the epidemic, Guinea has affirmed its commitment to combating HIV and AIDS, and concrete results have been achieved with the support of technical and financial partners to whom we express our profound gratitude. Currently, there are more than 35,000 people living with HIV on antiretroviral treatment. More than 442,000 pregnant women have been counselled and tested for HIV, and more than 13,150 pregnant women testing positive for HIV have received prophylactic or antiretroviral treatment for their condition so as to prevent mother-to-child transmission.

However, those results are below target. Given the dependence of countries on foreign financing, the global economic crisis experienced by donors and the increasing poverty in African countries, the gains achieved in the response to AIDS are threatened because of those factors. Therefore, the fight against HIV/AIDS is one of the priorities of the Guinean Government and concrete measures have been taken, which include the Prime Minister's personal involvement

in the fight against HIV/AIDS, the establishment of and the ongoing supply of a line of credit line on the national budget, the implementation of a mechanism to mobilize local resources, and fighting against stigma and discrimination.

In addition, I would like assure the Assembly that our Government supports and is committed to the implementation of the new approach to fast-tracking putting an end to the AIDS epidemic, as espoused by the Joint United Nations Programme on HIV/AIDS, notably in the 90-90-90 treatment target, which includes the reduction of new infections by 75 per cent and achieving zero discrimination. We once again ask for the support of our technical and financial partners to assist Guinea in achieving that objective. In that connection, I would like to launch, on behalf of the Head of State, President Alpha Condé, an appeal to everyone, especially the African States, to search for innovative solutions for local financing as a response to the national and continental plan, including the production of medications for treatment and vaccines. In that way, together we will vanquish AIDS.

The Acting President: I now give the floor to His Excellency Mr. Chris Fearne, Minister of Health of the Republic of Malta.

Mr. Fearne (Malta): The burden of morbidity caused by HIV/AIDS remains high. Malta believes that the suffering and long-term costs brought on by HIV/AIDS, both for health care and for society as a whole, can be offset by greater investment in prevention and control measures. The effects of HIV infection and AIDS remain high globally, and our presence here shows the commitment that we are making to step up our efforts to deal with the challenge that HIV is posing and to commit to a fast-track approach to the AIDS response over the next five years.

We have boldly undertaken, in the 2030 Agenda for Sustainable Development (resolution 70/1), to end the AIDS epidemic by 2030. Last month, I attended the World Health Assembly in Geneva and supported the Global Health Sector Strategies 2016-2021 on HIV. It embraces the target of zero new HIV infections, zero HIV-related deaths and zero HIV-related discrimination. That is our vision of a world where people living with HIV are able to live long and healthy lives.

We support the statement delivered by the representative of the Netherlands today on behalf of the 28 States members of the European Union (EU).

In this meeting today, we are calling for regional approaches to fast-tracking the AIDS response. The World Health Organization European region has recorded the highest number of newly diagnosed HIV infections since the beginning of its reporting in the 1980s. Although there have been impressive gains in reducing the number of AIDS cases diagnosed during the past decade, the overall rate of new HIV infections is still unacceptably high. The figures indicate that the decline in reported HIV cases among heterosexuals and people who inject drugs has been counterbalanced by a significant increase in reported cases in other high-risk groups.

There is good evidence for what works to effectively prevent and control HIV. That includes HIV prevention programmes, both in terms of coverage and uptake, including those targeting men who have sex with men; HIV testing programmes aimed at detecting cases early and linking people living with HIV to treatment; and HIV treatment programmes aimed at ensuring that the proportion of HIV-positive patients with an undetectable viral load is increased, both for their personal benefit, as well as in order to reduce HIV transmission. Ending the HIV epidemic will not be possible without increasing efforts to reduce new infections and prevent AIDS-related deaths among key groups of our population at the highest risk of HIV. If we do not act and act fast, there will be a cost to pay, as it means more loss of lives, reduced life expectancy and poorer health, a rise in health care spending and the loss of economic potential.

During the Malta presidency of the Council of the European Union in the first half of 2017, Malta will host a technical meeting on HIV in collaboration with the European Centre for Disease Prevention and Control. The overall aim of that technical meeting is to bring together leading experts on HIV prevention and control from across Europe to discuss how Europe can achieve the goals outlined in the Sustainable Development Goals, as well as those adopted in the Global Health Sector Strategies 2016-2021 at the World Health Assembly and the actions adopted by the General Assembly at this high-level meeting. The experts will discuss at the meeting in Malta evidence-based strategies, share achievements and examples of good practices that have been shown to work, and identify solutions to common challenges. The sharing of experiences will support EU member States in their efforts to improve the implementation of their evidence-based efforts

to prevent and control HIV. The priority areas where the member States can scale-up their efforts will also be discussed.

The outcomes of the Malta meeting will be outlined in a declaration of commitment. We understand that a high level of political commitment to fast-track actions on HIV and AIDS is also essential. To support that, I will be discussing the issues with my fellow European Union Health Ministers at a ministerial meeting in Malta in March 2017.

Malta is committed to tackling the emerging problem of HIV/AIDS and will be at the forefront of efforts to ensure that HIV is high on the political agenda of Europe. We can curb the epidemic in Europe by scaling up coverage for testing, treatment and prevention, focusing on key populations at risk. Only then can we ensure that no one is left behind.

The Acting President: I now give the floor to His Excellency Mr. Molwyn Joseph, Minister of Health and Environment of Antigua and Barbuda.

Mr. Joseph (Antigua and Barbuda): Antigua and Barbuda aligns itself with the statement delivered by His Excellency Mr. Timothy S. Harris, Prime Minister of Saint Kitts and Nevis, on behalf of the Caribbean Community (see A/70/PV.97).

Antigua and Barbuda is fully committed to the global goal of ending the AIDS epidemic by 2030. The Government has invested substantial financial and human resources in HIV-prevention and control. They include the establishment of dedicated organizational capacity in our National AIDS Programme, the provision of antiretroviral medication free of cost to patients, and access to necessary diagnostics for all, without discrimination. Our commitment has borne fruit. More persons are being tested annually, and the number of persons in care and treatment has doubled from 2011 to 2015.

We recognize that we will have to fast-track our approach to HIV/AIDS if we are to contribute to the global goal of eliminating the disease by 2030. We also recognize that the prevention and treatment of HIV/AIDS and fast-tracking our response to it come with a high cost. That high cost comes at a time when our small economy is buffeted by exogenous shocks that are unrelenting.

For instance, the unfair branding of the Caribbean region as a high-risk area for financial services and the policy of so-called de-risking that is being applied to our financial institutions by large banks in the United States and certain countries in Europe has already had an adverse effect on our banking sector and threatens to constrict severely our participation in the global economy. Additionally, climate change and global warming have brought new demands, requiring expenditures of a magnitude that we can ill afford. Those new demands from climate change have come upon us even though we are among the world's least polluting countries. Amid that troubling scenario, my country is also restricted from access to concessional financing from the world's international financial institutions based on the single and misleading criterion of per capita income.

I present those facts not to resign from my Government's commitment to curbing HIV/AIDS, but to point out the unnecessary barriers that are being placed before our economic growth and development at a time when we should be concentrating resources on critical issues in health. I therefore ask the international community to look at small countries such as mine, not through a narrow prism of this or that issue that preoccupies conferences and meetings like this one, but through a wider lens that sees our problems in a holistic manner.

In that regard, even though my Government has allocated resources to treating and eliminating HIV/AIDS — and we are delivering — we are constantly juggling scarce resources. That is compounded by the fact that the national AIDS programme budget has increased by 50 per cent from 2014 to 2016. This is why I plead today for additional and focused resources from the international community to help us meet our own goals and the goal of the international community to end the epidemic in 14 years.

While I make the call for additional resources and focused help from the global community, I do not wish to convey the impression that my Government is passive on this matter or that it will simply sit back and await an international response. We recognize that we have a duty to care for our people in all aspects of health. That excludes no disease, and it certainly includes AIDS. Already, my Government is providing antiretroviral drugs to persons living with HIV at the State's expense. That has led to a 50 per cent reduction in the number of HIV-related deaths for the period 2011 to 2015. Additionally, in collaboration with civil society groups, we have been able to improve the quality of

life for persons living with HIV. We are also working on reducing stigma and discrimination. We have also managed to eliminate the mother-to-child transmission of HIV and are awaiting validation.

But at the end of the day, we all have to be realistic about the challenges that confront small States in the Caribbean. One hurricane can wipe out years of gross domestic product that has been achieved by hard struggle. We look to the next four months with more than a little trepidation, for we are keenly aware that climate change has created weather phenomena that are unpredictable, powerful and destructive.

The global community has before it an opportunity to act together in the interest of all humankind. The analysis of the global data, which we have all seen, reveals that the world has a window of opportunity in which to deliver focused and effective action by fully funding and front-loading HIV investment. If Governments and the private sector come together, the overall investment in HIV prevention and treatment could be raised from the $19 billion available two years ago to $26 billion annually by 2020. Surely, that is a cause worthy of collective action. What cause could be more noble, more right and more laudable than ending unnecessary human suffering and death from AIDS-related illnesses — a disease that is within our grasp to halt?

The meeting rose at 1.15 p.m.